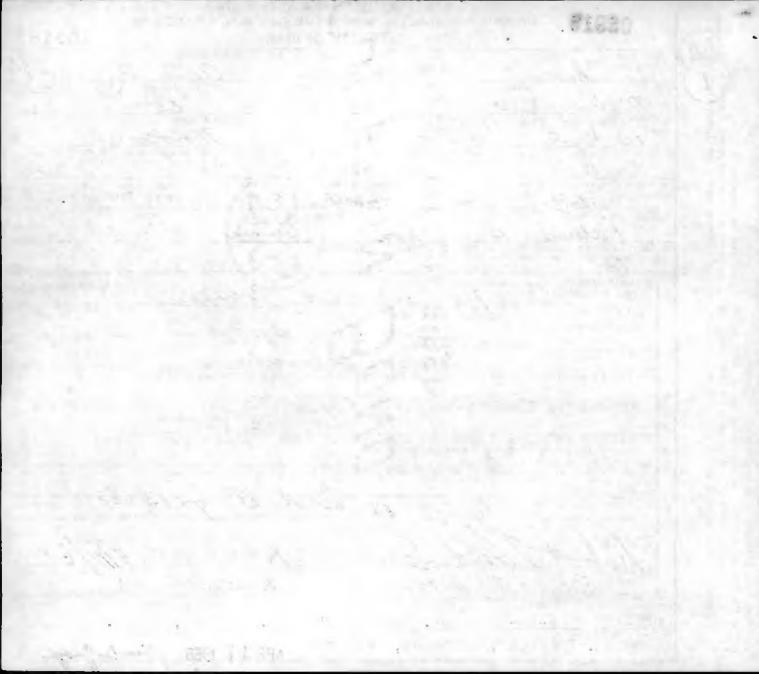
MARYLAND STATE DEPARTMENT OF HEALTH 05915 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 35918 20. DATE OF DEATH DECEASED-NAME Middle 2b. HOUR First requires that the death certificate be executed within 24 haurs after death. by the funeral (Type or print) Manth 3. SEX 4 RACE DATE OF BIRTH IF UNDER 1 YEAR lost birthday) AGE (in years 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ban papers. within 72 ha country) 4.5 WIDOWED DIVORCED [physician and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind at work done 12b. KIND OF BUSINESS OR 10. CITY OR JOWN OF DEATH give street address during most of working life, even if retired.) carban and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 451 West End Ave. NO remaye Naw MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Last ease 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or washown) [If yes give wor or dates of service) burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the burial-transit Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the has been prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED GIS 0 CAUSES OF DEATH? YES NO St State Dept. of Health TO FUNERAL DIRECTOR: After this certificate by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while of wark ATTENDING 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an-196 and that in (my) (aur) apinian death accurred on the date and haur and from the be retained director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did pat) view the bady after death. 22b. SIGN 22c. DATE S ATTENDING DIRECTOR O HOSPITAL PHYSICIAN'S 22e. ADDRESS NAME (Type) ROCKVILLE 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23a. BURIAL, CREMATION, (County) Burral (Specify) 4-18-68 St. Catherine's Cem. Moscow. Penna. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

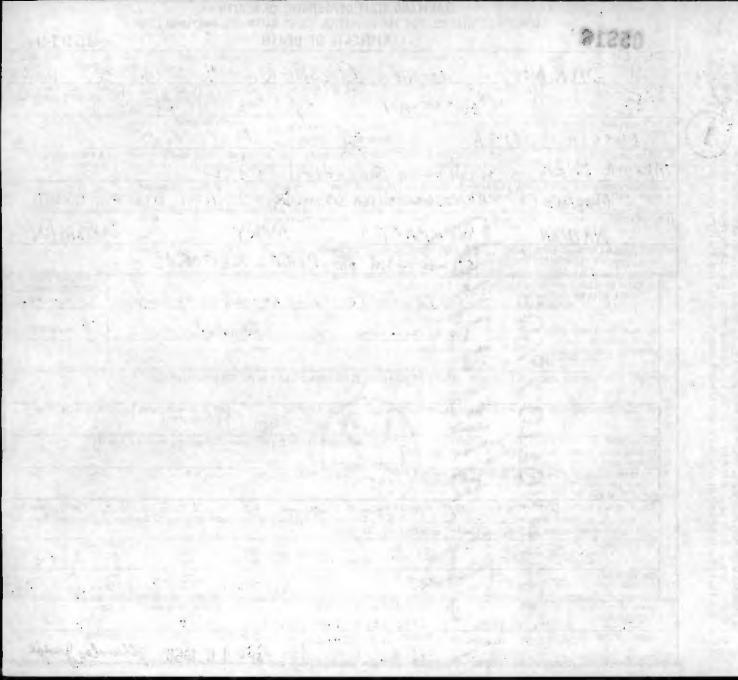
	CERTIFICATE OF DEATH
	ECEASED NAME First Middle Lost OK SNER 20. DATE OF DEATH Manth 12 Day 6 8 Pear 9 14 P
3. 3	
3	4. RACE 4. RACE 4. RACE AUCASIAN S. DATE OF BIRTH, 11/20/92 6. AGE (In years lif under 14 HRS. MINH) MONTHS DAYS HOURS MAIN.
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 7 NEVER MARRIED 7 P. COUNTY OF DEATH
	"" FUSSIA ()SA WIDOWED DIVORCED NONTGOMERY M
	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12. WASHINGTON SAN, X-HOSP, HOSPITAL OR INDUSTRY
	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13c, USIDE CITY LIMITS? 13d, STREET AND NUMBER
adr	ission) STATE MARYLAND 136. COUNTY MONTGOMERY SILVER SPRINGYES NO 1241 BYBEE STreet
14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle SUSSMAN
17	
. 10	(es, no, or unknown) (If yes give wor or dates of service) 578-42-6308 HOSPITAL RECORDS
	18. CAUSE OF DEATH (Enter only one couse per line top(a), (b), and (c).) PART I, DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (0) We has have a concision massing of algabrain I months
	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (b) Care mount 19 mouth
	rise to immediate cause (a).
	last. (c)
П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ND	151X
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
_	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
MEDICAL	(If either, natify medical examiner) P.M. 19
W	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) AT WORK OFFICE BUILDING, ETC. 21f. LOCATION Street at R.F.D. Na. City or Town County State
Г	at wark at wark [22a, 1 certify that (1) (this hospital) attended the deceased from $3 - 3 - 19.68$, to $4 - 12 - 19.68$, that (1) (wet later)
	22a. I certify that (I) (this hospital) attended the deceased from, 19_8, ta, 19_8, that (I) (we) las sow the deceased alive on, 1968, ond that in (my) (our) apinion deoth occurred on the date and haur and from the couses stated above, (I) (we) (did) (did-not) view the body after death.
	22b. SIGNATURE 7/ 22c. DATE SIGNED
	Been lucop, Man D. DEGREE PHYS. DIRECTOR DIRECTO
	22d. PHYSICIAN'S NAME (Type) EINO MAGI 22e. ADDRESS 831 University Blod E. Silver Spring, Med
230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
24	REMOVAL (Specify) Apr. 15, 1968 King David Mem. Garden Falls Church, Virginia FUNERAL DIRECTOR David M. Stein ADDRESS 232 Canno 17, 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
44.	TUBERAL DIRECTOR TOWARD ME START MUNICIPAL VISION RECORDER 1200. R

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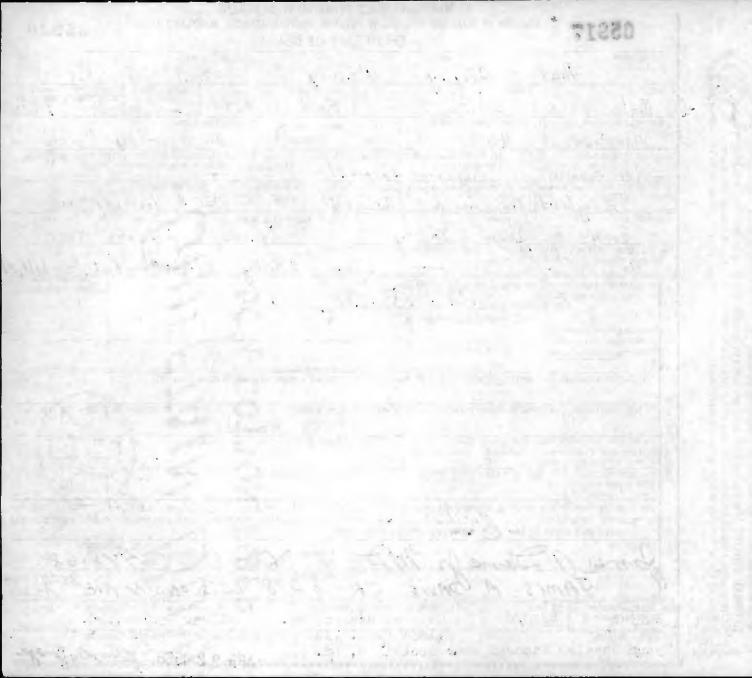
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VR A15 (4) 30M REV, 1/68

Hebrew Memorial



30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2b. HOUR (Type or print) 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost birthdoy) MONTHS Gemale October 10. law requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Greece U.S.A. Montgomery WIDOWED 27 DIVORCED [signed by the attending physician and completely filled burial-transit permit. Then please remave carban pap 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Silver Spring 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY ontgomery Silver Spring STATMaryland 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First lohn Zachas Anastasia Kanahalias 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 310 Indian Spring Silver Spring Md cremation, or remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: 40 Cardia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached for use as the te Dept. of Health priar ta O FUNERAL DIRECTOR: After this certificate has been arcinoma 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased glive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an_ should causes stated abave (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE/SIGNED ATTENDING director, page 3 shauld be filed v DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Suitland. Maryland 250 REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DATAPR

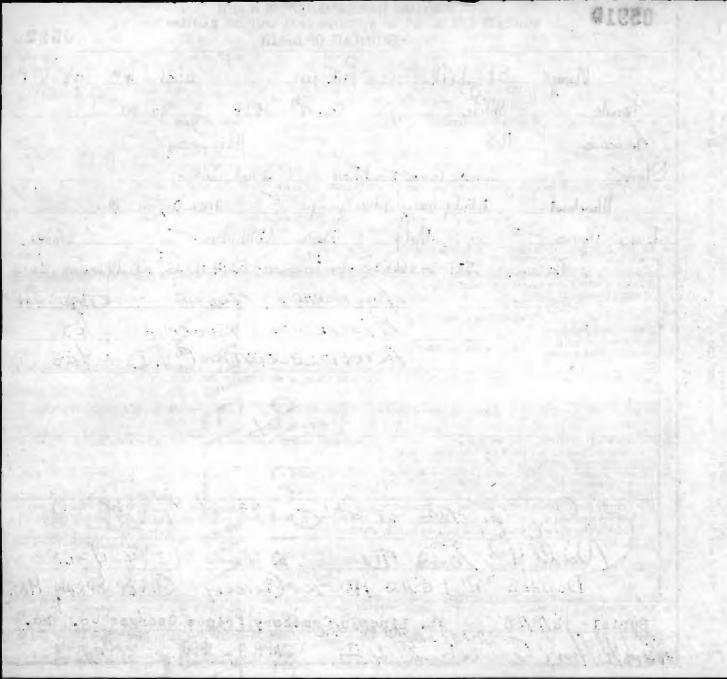
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

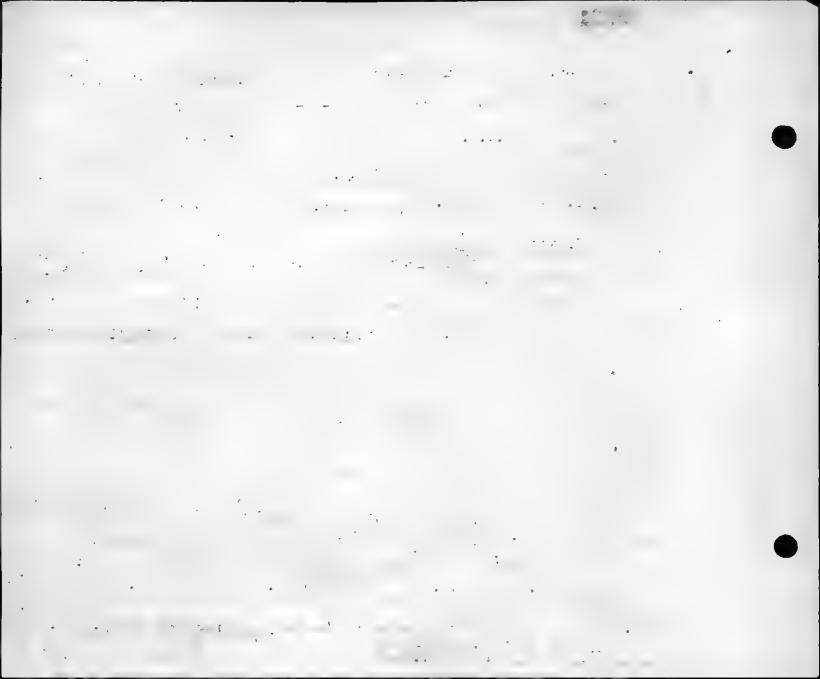
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the death certificate be	physician en please aval, and			WAS DECEASED EVER IN U.S. ARMED FORCES as, na, ar unknawn) (If you give wor or dates of so	ersica)	- h	11.	50 111 1	Address	-Arlington	-1
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The lay	has be se as t th priar	4	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES NO NO		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	ERTIFYING
AN:	cate ar u Heal	of	-		TIME OF INJURY R A.M. Manth Day Year	21c. HOW I	NJURY OCCURRED (Enter	nature of injur	y in Part 1 ar Port 2	, Item 18.)	
SICI	ertifi ed f		MEDICAL	(If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF I	P.M. 19	TOPY 1 214 LOCATI	ON Street ar R.F.D. Na.	Fish	ar Tawn	County	State
PHY	his cert etached Dept. a			While Not while of work	NJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ZIT. LOCATI	ON Street of K.F.D. No.	City	ar lawn	County	21016
SE SE	fter f			22a. I certify that (I) (this haspite saw the deceased alive on	al) attended the decease	d from	196	3, to Y	-4,1	968 , tho	(i) (we) lost
TEND	R: Al			couses stated above (1) (we	(did) (did not) view the l	ody ofter deol	at in (my) (our) opin h.	ian death a	occurred on the c	date ond hour	and from the
R AT	S show			22b. SIGNATURE	3/2	Maria	ATTENDING ME	D. 🗖	STAFF -	. DATE SIGNED	10
1 0 v	oge filed	1		22d. PHYSICIAN'S	- Jacobs	DIGREE	PHYS. DIF	RECTOR L	PHYS.	7	0
Page 4 may	O FUNERAL director, pa shauld be fi	-1		NAME (Type) DONALD	R. LEW	15 MD	/ 63	ICRLY	SILVE	& SPRI	ug. Hd.
Page 4	o FUNER director, shauld	0	23a.	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) /1/8/68		EMETERY OR CRE			N (City or Tawn)	(County)	(State) Md.
2 4	-	to	24	REMOVAL SPECIAL /1/8/68	Ft. I		Cemetery 250. REC'D BY		25b. REGISTRAR		Mr.
	VR A15 30M REV.	1/69	4	10 X H. Hentt Co	Tob P	DC	DATEAPR		68 /Cu	wes you	15



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05320 CERTIFICATE OF DEATH 2b. HOUR P DECEASED-NAME First Middle Lost 2a. DATE OF DEATH death (Type or print) signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages and buriol, cremation, or removal, and in any event, within 72 hours ofter deat William David requires that the death certificate be executed within 24 hours after dea Pavlicek 3. SEX 4. RACE S. DATE OF BIRTH F JNDER 1 YEAR 6 AGE (In years lost birthdoy) Male White 11 May 1932 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED North Dakota USA WIDOWED | DIVORCED | Montgomery 12a, USUAL OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b KIND OF BUSINESS OR give street address)
The Clinical Center, NIH during mast of working life, even if retired.)
Accountant INDUSTRY Bethesda 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3e. STREET AND NUMBER odmission) STATE Dakota 13b. COUNTY 1536 Second Street North Fargo IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First Lost Henry Pavlicek Eleanor Woka 1 17. INFORMANTThe Medical Record 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) The Clinical Center, NIH, Bethesda, Maryland 502-24-228] 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema Hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Acute Lymphocytic Leukemia 4 Months rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🔀 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 15 February1963, to 8 April , 1968, that (1) (we) last saw the deceased alive an 8 April 1968, and that in (MY) (aur) apinian death accurred an the date and haur and from the causes stated above (4-(we) (did) (div) not) view the bady after death. 22b. SIDNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS director, page 3 should be filed v 8 April 1968 22e. ADDRESS The Clinical Center. National 22d. PHYSICIAN'S David L. Lilien, M. D. NAME (Type) Institutes of Health, Bethesda, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 230 BURIAL, CREMATION (County) 4-13-68 Holv Cross Cem. Fargo. North Dakota ADDRESS 2Sb. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 PUMPHREY. Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH 05521 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH DECEASED-NAME 2b. HOUR First requires that the death certificate be executed within 24 hours after death. (Type or print) Month Edith Lillian Pearre 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost-buthdoy) signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers. Pages 2-19-1895 Female Caucasian 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) Md. U.S.A. Montgomery WIDOWED KT DIVORCED [120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.)
Postmaster INDUSTRY Rockville Postoffic 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d HASIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Montg. odmission) STATE YES NO Md. 714 Brent Road 14 FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First Lewis Sarah Henning 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 714 Address 16b SOCIAL SECURITY NO 17 INFORMANT Brent Road Yes, no. or unknown) 220-44-9648 Marguerite Collins Rockville 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) _ CORONARY OCCLUSION ZO MIN. DUE TO, OR AS A CONSEQUENCE OF RTERIOSCLEROTIC HEART DISEASE Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying coused PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO AZ O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. 1 certify that (1) (this hospital) attended the deceased from 1933, to 4-27, 1968, that (1) (we) last saw the deceased alive an 4-25 1968 and that in (my) (our apinion death occurred an the date and haur and from the , 1968, that (I) we last couses stated above, (I) (we) (did) (did no) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS W. Montgomery Ave. Rockville, NAME (Type) W.G. Hall M.D. irectar, hauld b 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Clarkshurg Cemetery Montg. Clarkshurg 1968. REGISTRADE SIGNATURE 30M REW 1/68 DATE Rookyilla Maryland



O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by ATT TUNERAL director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages a carban papers. Pages a carban papers and the state Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after digater.

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	### DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
		Ja 925							
		CEASED-NAME Fi	irst M.	ARIS P	ENN	2a. DATE OF DEATH Manth Z Day	6 Febr 35 M		
	3. SE	MALE	4 RACE CALLO		5. DATE OF BIRTH 7-11-05	1 1102 (III 10010 L	IF UNDER 1 YEAR IF UNDER 24 HRS IONTHS OAYS HOURS MIN.		
	cano	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTR	WIDOWED [DIVORCED	MONTGOME	ELY Md.		
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de	odmi	ssian) STATE	teased lived, if Institution: Resider	nce befare 13c. CITY OR	/	1001011100111101110111	EST HUAY.		
	14 F	ATHERS NAME First	PENN		MOTHER'S MAIDEN NAME FIR	st Middle	Last		
		WAS DECEASED EVER IN U.S. / es, na, ar unknawn) (If yes g			FORMANT W, FE	NAI-17CS - E.W H			
		PART ! DEATH WAS CAU	r anly one cause per line for (a), (USED BY: EDIATE CAUSE (a)	4 211	deal Infa	retira	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH 7 Clays		
		Canditians, if any, which gave is insert a immediate cause (a). (b) Arturic Schrotic Heart Disease							
		stating the underlying causast.							
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)								
N.	CERTIFICATION		9b. CONDITION FOR WHICH OPERATE	ION WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING		
	3	21a. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF I (If either, natify medical exc	DEATH HOUR A.M. Month I		W INJURY OCCURRED (Enter	nature af injury in Part 1 ar Part 2, Ite	m 18)		
	Z	21d. INJURY OCCURRED 2	TIE. PLACE OF INJURY LAT HOME, FAI	M, STREET, FACTORY, 1 21f. 106	ATION Street or R.E.D. No.	City or Town	County State		

23a.

VR A15 (4) 30M REV. 1/68

Nat while at work

OFFICE BUILDING, ETC.

STAFF PHYS.

22a. I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did) not) view the bady ofter death. 22c DATE SIGNED 22b. SIGNATURE

ATTENDING PHYS.

22e. ADDRESS

22d. PHYSICIAN'S NAME (Type)

23b. DATE

amer 23c. NAME OF CEMETERY OR CREMATORY LEBANON

23d LOCATION (City or Town)

DIRECTOR

(County)

(State) ILIP.

BURIAL, (REMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR
BERNARD

DANZANSKY 450NS - WASHINGTON- DC

250 REC'D BY REGISTRAR DATE MAY

CEM

1968 3

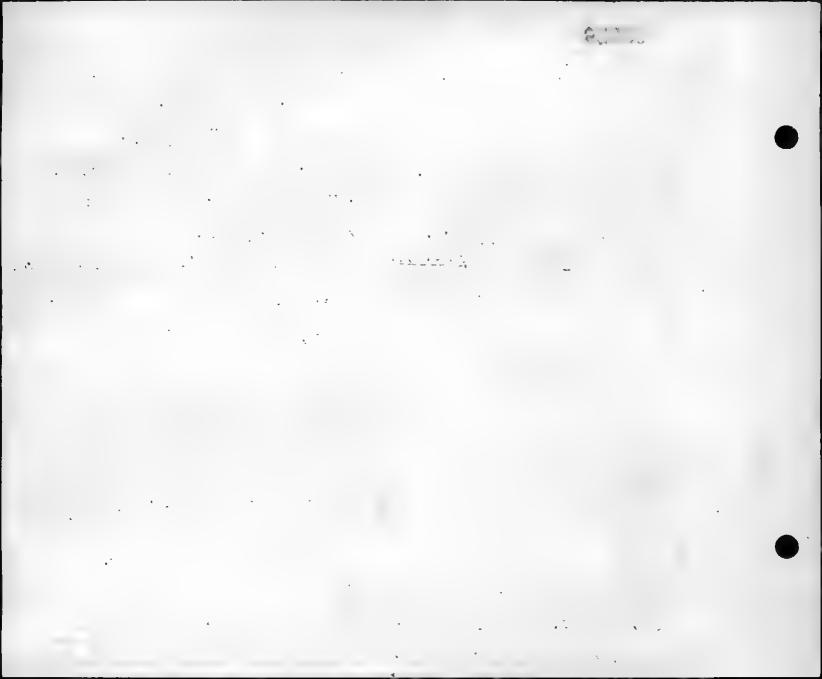


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05928 CERTIFICATE OF DEATH

_	CERTIFICATE OF DEATH							35926			
		CEASED NAME First		Middle	0	Last	2a.	DATE OF DEATH	.1 8	M	2b. HOUR
	(1)	(pe or print) UINCEL	T	A	D156	PIA		om Mor وا	ith Doy	Yeor	しの気
1	3. SE		4 RACE		S	DATE OF BIRTH		6 AGE	(In years	IF UNDER I YEAR	IF UNDER 24 HRS.
ÿ		MAle	Wh	,te		4-1	0-06	lost b	yrthday) YRS.	MONTHS DAYS	HOURS MIN.
			7b. CITIZEN OF WHAT CO	DUNTRY?	8. MARRIED	NEVER MARRIED	9 CO	INTY OF DEATH			
	coun	N) N, P	11.5		WIDOWED 🗍	DIVORCED	0	Monz	Bome A	7	M
	10. CI	TY OR TOWN OF DEATH		F HOSPITAL OR INS	TITUTION (If not i	n haspital 120		UPATION (Kind of		12b KIND OF	BUSINESS OR
	5	1/VER SPRIN	give street	14 CROS	s Hos	1 to 1 au		working life, eve		ATENT	-OFFICE
		USUAL RESIDENCE (Where decease	d lived, if institution: R	esidence before	13c. CITY OR TO	WN 13d, INSIG	E CITY LIMITS?	13e. STREET AND			7
		1110	ISB. COUNTY	' U	LANGE	AR D	₫ ио □	1007		eimac	DR.
	14 F	ATHER'S NAME First	Middle	Lost	15 N	OTHERS MAIDEN N			Middle		Lost
		HTILIO	151	4PiA		ARMELA	(GA	LONE			
	16a Y	WAS DECEASED EVER IN U.S. ARMI es, na for unknown) (If yes give wo	ED FORCES?	SOGIAL SECURITY N	0. 17. INFO	RMANT		7 11-	Address	1/	1 0 44
		///		HKUEWK	100	12 /15AP	A 10	O / / TERK	iMACJE.	MATTE	MATE INTERVAL
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for	(o), (b), ond (c))	1 . 4	_			,		NSET AND DEATH
		, IMMEDIAT	TE CAUSE (a) VV 6	19219	Tic (-94-cm	10n 1.	,		7 %	with
		1601	DUE TO, OR AS A C	9 4	v2 .	1 -	. (~	7/-	
		Conditions, if any, which gove rise to immediate cause (a),		pable	Brow	cha-ga	yere !	drem	may.	100	مهدانع
ı		stoting the underlying cause	DUE TO, OR AS A C	CONSEQUENCE OF							
		PART 2 OTHER SIGNIFICANT CON	(c)	TO DEATH DUT NO	T DELATED TO T	IT TERMINAL DISCAS	E OR CONDIT	ON CIVEN IN DAD	T. 1(a)		
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	A KELAIEU IU II	TE TEKMIMAL DIJEAS	ie Oktonom	ION GITEN IN FAK	1 ((u)		
	YOU	19a. DATE OF OPERATION 119b. C	CONDITION FOR WHICH OF	PERATION WAS PER	FORMED	20a AUTOPSY?		20b. IF YES, WE	RE FINDINGS CO	NSIDERED IN CE	RTIFYING
7	CERTIFICATION	THE DATE OF CILICATION	ONDITION TOR WHICH OF	ENATION TING (EA	II O MITLEO		NO X	CAUSES OF DEAT			
1	CERT	21a. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJU	IRY	21c. HOW	INJURY OCCURRED	-	e of injury in Part	t 1 ar Port 2, I	tem 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH		onth Day Yeor			,	. ,		•	
	MED	21d. INJURY OCCURRED 21e.	PLACE OF INDIRY / AT HO	19 OME FARM, STREET, FACT		TION Street or R.F	.D. Na.	City or Town		County	State
-		While Not while at work	V OFFici	E BUILDING ETC.	1			·			
		22a. I certify that (I) (this	s haspital) attende	d the decease	d from_	take,	196)	to Alani	R/6, 19	5 <u>5</u> , that	(I) (<u>aua)</u> las
		saw the deceased all	ive an	61	%2 % _, and t	hat in (my) (🛲	s) apinian	death occurre	d an the dat	e and haur	and from the
		causes stated abave,	, (I) (We) (did) (did-	net) view the t	oady after dec	itn.			20. 5	ATE SIGNED	
		22b_SIGNATURE	CPti	Calo	DEGREE	ATTENDING PHYS	MED.	R STAFF	n "9		68
		22d. PHYSICIAN'S 1/1/A	1 0 1 1	1 .	/ >	22e. ADDRESS	- DIKECTO	, /	/	1	
,		NAME (Type)	Toy NIT	schule	er, h D	9205	-/Va	~ /1a	mp3h1	re	
)	230	BURNAL, CREMATION, 23b. D	DATE	23 NAME OF	EMETERY OR CR	EMATORY	23 d	COCATION (City of	or Fown)	(County)	(Stote)
	1	REMOVAL (Specify) 201	APRIL 1965	GATE .	HE AU &	1	0	LUER (Jan'	6 MD	
1	24	FUNERAL DIRECTOR	1/ 7, 1	ADDRESS		0/2 250 F	EC'D BY REG		PEGISTRAR S	GNATURE	94
W	G	UARDI TUNERAL H	DME 14006	EORGIA 1	HUE N.Y	/. DAA	PR 2 2	2 1968		0	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages Nameshauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 h unserted between Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 65924 CERTIFICATE OF DEATH DECEASED NAME Middle First Lost 20. DATE OF DEATH 26. HOUP requires that the death certificate be executed within 24 hours after death (Type or print) Hank IF LINDER 1 YEAR 6. AGE (In veors Apr. 26, 1884 Male Cauc. 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED physician and campletely filled in Montgomery Arizona U.S. WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Give street oddress)
Kensington Gardens GOVT-DEDT. Agricult carban Kensington 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER Bridge odmission) STATE 4412 Jones Bethesda remaye tgomerv First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost Edward Platt Delia Casev please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Wife Address Same as Item 13. Yes, no. or unknown) (If yes give war or dates of service) None Platt ar remayal, Rose signed by the attending phy 18. CAUSE OF DEATH (Enter only one couse per sine for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial-transit purial, cremati Conditions, if any, which gove ! rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT O FUNERAL DIRECTOR: After this certificate has been lan Yorker horn 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20e AUTOPSY? CAUSES OF DEATH? YES 🗔 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY \ 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 3 24, 1968, to 4 - 26, 1968, that (I) (we) last saw the deceased alive an 1 - 27 1968, and that in (my) (eur) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 276-SIGNATURE 22c. DATE SIGNED ATTENDING 4-27-68 director, page 3 shauld be filed a PHYS PHYS DIRECTOR 22d. "PHYSICIAN'S 22e. ADDRESS 4743 Bradley Blvd. NAME (Type) HORACE W. BERNION Chevy Chase, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (Stote) 230. BURIAL, CREMATION REMOVAL (Specify) Cedar Hill Crematory Suitland, Maryland 4-30-68 25b. REGISTRAR & SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR

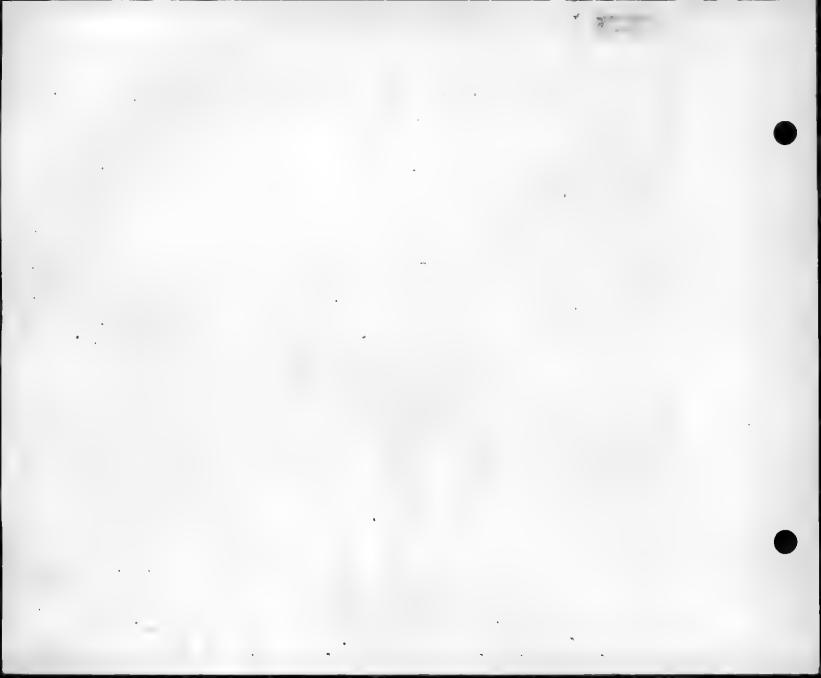
PUMPHRIY. Bethesda, Maryland

VR A15 (4)

30M REV 1/68



40 1 1	MARYLAND STATE DEPARTMENT OF HEALTH OF COME DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	C5925 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME First Mdde Lost 20 DATE KNOWN Month Doy Year 26 HOUR- (Type or Print) Richard Cooper Powers DEATH MATED 4-27 1968/23
delay is and 3 to May Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (n years of UNDER 1 YEAR IF UNDER 74 HRS 2c DATE PRONOUNCED DEAD Months DAYS HOURS MAN Month Dovo Year 68 22 MATE PRONOUNCED DEAD YEAR 15 MAN MONTHS DAYS HOURS MAN MONTHS MAN MONTHS DAYS HOURS MAN MONTHS DAYS HOURS MAN MONTHS DAYS HOURS MAN MONTHS DAYS HOUR
Te Bepa	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH 100
after death 8 Give Pages along with for with the State eath	10 CITY OR TOWN OF DEATH Silver Spring 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tollowing most of working I fe, even if retired) engineer 12b KIND OF BUSINESS OR INDUSTRY engineer
to a de a de	13c. USUAL RESIDENCE (Where deceosed lived, if institution Residence before of odmission) STATE Maryland 13b COUNTYMontgomery Sil. Spr. 13d MSIDE CITY LAMISS? 13e STREET AND NUMBER 1611 Lemon Tree La.
24 haurs in Item 1 r's Office es Land2 irs ofter d	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Harriet; W. Powers Wald
I within 24 in pencil in Examiner's File pages 7.72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ho, of unknown) (fyes give war or dates of service) 264-48-1094 (Charlotte Powers, X1611 Lemon Tree La. SS
shauld be executed e ward "pending" i a the Chief Medical purial-transit permit. in any event within	18 CAUSE OF DEATH (Enter only one couse per per de (o), (b), ondy(c)) PART I. DEATH WAS CAUSED BY HOPCOMINE CAUSE (a) Conditions, it dry, which gove inse to immediate couse (o), storing the underlying couse (o), storing the underlying couse (o). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
This certificate icate, writing the be farwarded to be used as a bur remaval and	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF IN-JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter poture of injury in Port 1 or Port 2, Item 18.)
EXAMINER: This cute the certificate, age 4 shauld be far your files. Page 3 shauld be u. Page 3 shauld be u. trematian, or rentrement.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d N.JRY OCCURRED 21e PLACE OF IN.JRY (At home, form, street, foctory, office building, etc.) While NOT WHILE NOT WHILE Of the building, etc.)
TO DEPUTY CALE EX necessary, please execut the funeral director. Page 5 may be retained far pro FUNERAL DIRECTOR: P	220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted from. Natural couses Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 230 BURIA, CREMATION, RIMOVAL (Specify) 230 BURIA, CREMATION, RIMOVAL (Specify) May 1968 Restlawn Cemetery Warner & Pumphrey 200 Address Ave Date Date Contains Ave Date Date MAY 6 1968 The pumphrey 200 Address Ave Date Date Date Date Date Date Date Dat
10M REV 1/68	Warner E. Pumphrey, Inc. Silver Spring, Md. [DATE MAI 6 1300 J



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME 20 DATE OF DEATH Lost 2b. HOUR (Type or print) Month Willie Emma Prather 3. SEX 4 RACE S DATE OF BIRTH IE ISNDER ILYEAR law requires that the death certificate be executed within 24 haurs after 6 AGE (In years last birthday) HOURS and campletely filled in by the 10/5/1879 Female Negro 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED (Maryland USA WIDOWED X DIVORCED [Montoomerv IO. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OF give street oddress) University Nursing Home during most of working fe, even if retired) INDUSTRY carban Wheaton and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 136 INSIDE CITY LIM IS? 13e. STREET AND NUMBER odmission) STATE Washington. 13b COUNTY YES ... NO [remove Washington 5002 Hunt St., NE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Inst Lost William Hall McAbee please Susan 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) the attending phys APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Cancer Breast & metastas DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) transit nse to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser burial 1 burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priarta O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🗔 21p. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of in any in Part , or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET FACTORY.) 21f EOCATION Street or R.F.D. No City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1 - 18 , 19 67, to uprol 21, 19 68, that (1) (we) last saw the deceased alive an uprol 21, 19 68, and that in (my) (aur) apinion death occurred an the date and have and from the causes stated above, (1) (we) (did did not) view the bady after death 226 SIGNATURE 22t DATE SIGNED director, page 3 should be filed D-RECTOR PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type 2309 Shorefield Rd., Wheaton, Md. Myron Lenkin. M.D 23o. BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) REMOVAL (Specify) BROOK GROVE METH, CHURCH MO FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 55931 Im G399 4/22/68 kk CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH Last 2b. HOUR ond 2 (Type or print) THOMAS physican and completely filled in by the flu-ten pleose remove carbon papers. Pages I oval, and in any event, within 72 hours after 3. SEX 4 RACE DATE OF BIRTH IF UNDER I YEAR 6 AGE (In years lost b rthogy) MALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH MONTGOMERY WIDOWED | DIVORCED 10 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working tife, even if retired) INDUSTRY 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LUMITS? 13e STREET AND NUMBER 13b COUNTY MONTGOMER SILVER SPRINGS P TAKER TELRAC 14. FATHER S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Middle 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes. no.aor/Onknown) or removal, signed by the ottending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the underlying couse burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) s os the O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20g AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES [USe Heolth by the hospitol or 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) Ö OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detached 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM STREET, FACTORY, 21f LOCATION Street or R.F.D. Ng. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from should be and that in (my) (opinion death accurred on the date and haur and from the saw the deceased alive an Poge 4 moy be retained causes stoted abaye, (1) [west (did not) view the body after death. 22c DATES ATTENDING PHYS , page 3 be filed DEGREE DIRECTOR 22e. ADDRESS PHYSICIAN S PRING director, should be NAME OF CEMETERY 23g BURIAL, CREMATION, 23b DATE OR CREMATORY 23d. LOCATION (City or Town) (County) (State) DEMOVAL-HERARIY FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV 1/68

The low requires that the death certificate be executed within 24 hours after deoth

DATE APR 1 5 1968

Acharles Jusque

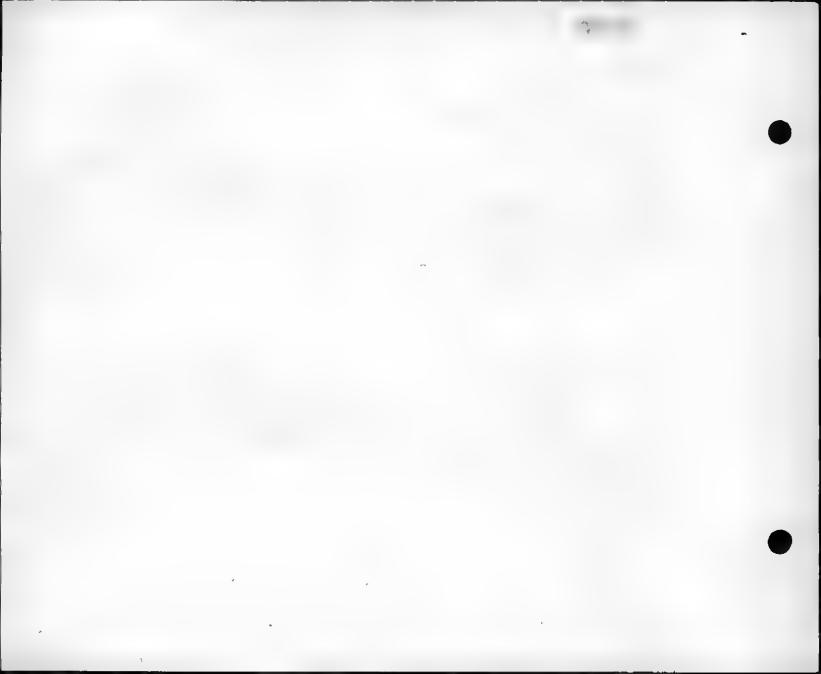


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35924 CERTIFICATE OF DEATH 3593 Middle 20 DATE OF DEATH 2b HOUR Lost DECEASED-NAME (Type or print) Month RMAIN UMONd IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years lost birthday) 2-23-11 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 📈 NEVER MARRIED 🗍 Clin Lebre Maxica DIVORCED [requires that the death certificate be executed within 24, 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH within NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR during most of working life, even if retired)
Housewife **INDUSTRY** give street oddress) carban 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME IS. MOTHERS MAIDEN NAME First Middle Mary 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) 369-05-3177 Dahn signed by the attending burral-transit permit. Th TB. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) Clarus Car DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been the 190 DATE OF OPERATION 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 96. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 2 b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B) DR CONTRIBUTING TEAUSE OF DEATH HOUR A.M Month Doy Year (If either, not'fy medical examiner) P.M. 21e. PLACE OF :NJURY (AT HOME FARM, STREET FACTORY.) 2 f LOCATION Street or R.F.D. No. 2 d INJURY OCCURRED County Stote City or Town While Not while at work 22a I certify that (1) (this hospital) attended the deceased from factor 1968, 1968, 166, 1968, that (1) (we) lost sow the deceased alive an approach of the deceased from the couses stoted above, (I) (we) (did) (did not) view the body after death. DATE SIGNED 22b SIGNATURE ATTENDING DIRECTOR director, page shauld be filed 22e. ADDRESS Edmonston Drive G. BOWDITCH HUNI Maryland Rockville. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d 10CAT ON (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, BENDYN (Soucify) 4-24-68 Gate of Heaven Cem. Silver Spring, 250 RECO'BY RECOSTION 1968 REGISTERES SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland

30M REV, 1/68

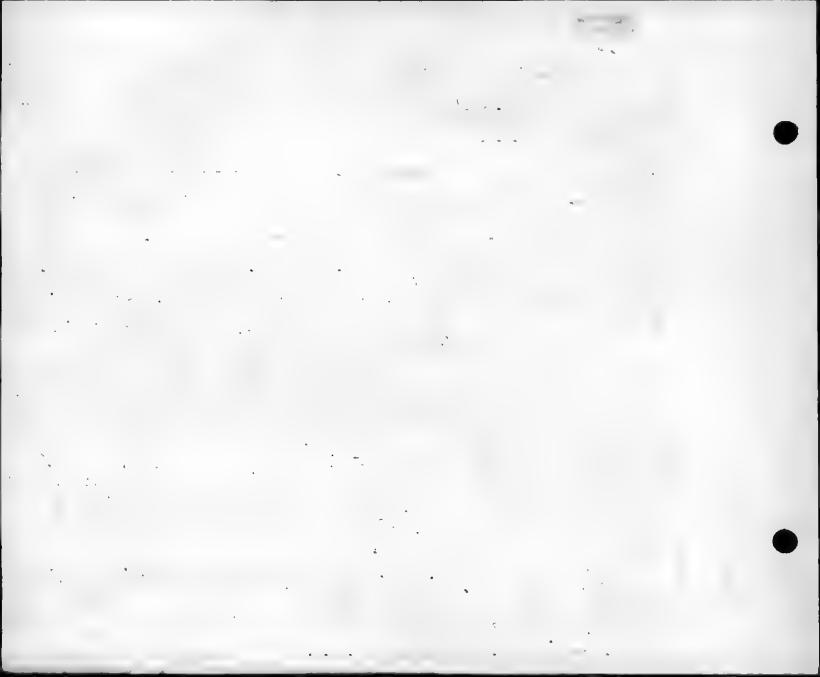
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 35939 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15933 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR First requires that the death certificate be executed within 24 hours after death (Type or print) BETTY REANT ROSE 2:15pm IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER ! YEAR 6. AGE (In years last birthday) Female White 1-29-26 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 5 NEVER MARRIED country) Pennsylvania United States Montgomery County WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12c. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Montgomery Ceneral Asst. Librarian give street oddress) Olney 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY Montgome ry 177054 Stone Ridge Drive Gaithersburgy IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Lost M ddle Phillip Decola Skaring Rose 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (III yes give war or dates of service) Admission Recd., Montgomery Gen. Hosp., OlneyMd APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lensino an DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THAT HOLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES-NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED
While Not while of work 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. \ 21f LOCATION Street of R.F.D. No. State City or Town County 22a. I certify that (I) (this hospital) attended the deceased from Jose, 1968, to Hack, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF director, page 3 shauld be filed 22d. PHYSICIAN'S 22e ADDRESS Sandy Spring. Maryland FREDERICK MOOMAU NAME (Type) 23a. BURIAL, CREMATION, Burean (Specify) 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d. LOCATION (City or Town) (County) (State) 4-9-68 Silver Spring Ma Gate of Heaven Cem. Maryland 24. FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR VR A15 (4) A. PUMPHREY, Bethesda, MarylandonteAPR 1

1 . 51

DEPARTMENT OF HEALTH 0533 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE DECEASED NAME First Middle 2a DATE KNOWN (Type ar Print) EST OF Verenica DEATH MATED Pog deloy 4. RACE IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH AGE tin vents DATE PRONOUNCED DEAD last berthday) MONTHS HOURS MiN Day Year White Female. Jan. 22, 1968 YRS. 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? with the State Dep MARRIED NEVER MARRIED K 9. COUNTY OF DEATH Office along with form Maryland U.S.A WIDOWED [DIVORCED [Montgomery 8. Give Poges hours ofter death 10 CITY OR TOWN OF DEATH 12a USBAL OCCUPAT ON (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY Wheaton 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c. US. A. RESIDENCE (Where deceased 1 ved. f institut an Residence before 13c. CITY OR TOWN 13b. COUNTY Montgomery odmission) STATE YES 🔽 lond 2 Item 1 ofter 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Reck Hilda be executed within 24 be forworded to the Chief Medical Examiner's Kaumond pages hours ARMED FORCES? 16a. WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no or unknown) File APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH within 18. CAUSE OF DEATH (Enter only one couse per fige for (o) (b), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS CONSEQUENCE OF burrol-tronsit Canditians, if any, which gove rise to immediate cause (a) This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Ξ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 0.5 CERTIFICATION 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES 🗀 NO T 210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Manth, Day, Year 3 should should MEDICAL PRIMARY DX OR CONTRIBUTING CAL EXAMINER: 1960 CAUSE OF DEATH 21d JRJRY OCCURRED 21e PLACE OF NURY (At hame, form, street, 21f LOCATION Street or R F D County factory/ office building, etc.) 5 moy be retained for your of FUNERAL DIRECTOR: Page Health prior to burias, crem WHILE MOT WHILE 220 | certify that I took charge of the remains described above-held an Autopsy ip my opinion the funeral director. Undetermined monner deoth resulted from Notural causes Actident X Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED SIGNATURE O DEPUTY EXAMINER'S NAME (Type) or county 23a. BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Glencove Cenetery 2Sq. RECD BY REG STRAR VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

	0553%	DIVISION OF VITAL RECORDS,		ATE OF DEATH	noke, maktland 21201	e e e e e e e e e e e e e e e e e e e	35
	ECEASED-NAME First Type ar print) DOROT	HY A. RICHARDS		Last	20 DATE OF DEATH Month April 12.	1968	7:41 M
3. SI F	x emale	4. RACE		LOV. 16, 18	91 6 AGE (In years last birthday) 76 YRS.	F JNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
7o.	70. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH 10						Md.
10.	city or town of DEATH L'akoma Park	11. NAME OF HOSPITAL OR INS give street oddress) Washington	Sanit	arium during mos	OCCUPATION (Kind of work dane t of working life, even if retired) ISEWILE	12b. KIND OF INDUSTRY	BUSINESS OR
	usual RESIDENCE (Where decease ission) STATE Maryland	id lived, if institution. Residence before 13b. COUNTY Montromery	Rocky	100 T 100 E	☐ 207 Twin B	rook P	kwy .
14	FATHER'S NAME First John C. M	Middle lost	15.	MOTHER'S MAIDEN NAME Firs	Unknown		Last
	WAS DECEASED EVER IN U.S. ARM (es, go, or unknown) (If yes give we	ED FORCES? If or doles of sarvice) 142-18-88	TT	formant Son ans G. Bloc	Address_	s Item	13.
	PART I. DEATH WAS CAUSED	y ane cause per line for (o), (b), and (c).) BY: TE CAUSE (a) Cerebra	throm	D0 5/5		BETWEEN D	MATE INTERVAL DISSET AND DEATH
	Conditions, if any, which gave)	DUE TO, OR AS A CONSPOUENCE OF	arteri	oscleosis			
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost Consequence of C						
Z.		mellitus, hyp	l.		NDITION GIVEN IN PART 1(0)		
CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Manth Day Year er) P.M. 19		V INJURY OCCURRED (Enter r	nature of injury in Part 1 or Part 2,	Item 18.)	
WE	While Not white at wark	PLACE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.		ATION Street at R.F.D. No	City or Tawn	County	State
	saw the deceased al	s haspital) attended the decease ive an 1 2 1 2 1 ,(1) (we)(did)(did nat) view the b	and <u>کے جا</u> 9	that in (my) (aur) apini	7, to 4-12, 19 ian death accurred an the d	that ate and hour	(I) (we) last and from the
	22b. SIGNATURE	4. Bevoller	DEGRE	ATTENDING NOT MED		DATE SIGNED	8
	22M PHYSICIAN'S	LE G. BENDLER		22e. ADDRESS 1082	20 Georgia Av	e.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after peoply. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

BURIAL (REMATION, REMOVAL (Specify)
BUTTAL
FUNERAL DIRECTOR

23b DATE 4-16-68

23c NAME OF CEMETERY OR CREMATORY Parklawn Cemetery Wheaton, Maryland 23d LOCATION (City or Town) Rockville,

(County) (State) Maryland

ADDRESS

250. RECD BY REGISTRAR APR 17 PUMPHREY, Bethesda, Maryland DATE

25b REGISTRAR'S SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH 35 3 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35938 CERTIFICATE OF DEATH 26 HOUR A Inst 20 DATE OF DEATH DECEASED-NAME First Middle (Type or print) Month Robin requires that the death certificate be executed within 24 hours after dear Irene 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost buthdoy) White 30 May 1915 Female 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED Country Pennsylvania Montgomery USA WIDOWED [DIVORCED [7] 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
School Teacher INDUSTRY please remave carbon Bethesda cal Center 'eaching 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 135 COUNTY YES 2106 Suitland Terrace, S.E. Washington District of Columbia 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frist Elizabeth Lawrence Charles Hebard 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Add The Clinical 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 132-16-6613 the attending phys nsit permit. Then p Center, Bethesda, Maryland 20014 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart failure Week IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Congenital Aortic Stenosis 52 wears nise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED While Not while at work 216, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 217 LOCATION Street of R.E.D. No. City or Town County State O FUNERAL DIRECTOR: After 22a. I certify that (N) (this haspital) attended the deceased from 9 April , 1968, tal9 April , 1968, that N) (we) last saw the deceased alive an 19 April 1968, and that in (No.) (aur) apinian death accurred an the date and haur and from the causes stated above, (t) (we) (did) (did) right view the bady after death. 226\SIGNATURE 22c. DATE SIGNED STAFF PHYS. director, page 3 shauld be filed v DEGREE 19 April 1968 22e. ADDRESSThe Clinical Center. National 22d. PHYSICIÁN'S NAME (Type) Institutes of Health, Bethesda, Md. 20014 I. Keimowitz. Robert 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) 250. RECD BY REGISTRAR 25B REGISTRAD CONSTRAINTS REMOVAL (Specify) GEORBETOWN UNIO. MED. SIM 2Sb REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 222 Klice Clas - N.W. Work D.C. DATE



MARYLAND STATE DEPARTMENT OF HEALTH 45335 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE OF DEATH 26 HOUR (Type or print) Month oon papers. Pages I within 72 hours after IF UNDER I YEAR 3 SEX AGE (In years MONTHS 1 DAYS the ottending physicion and completely filled in by the sit permit. Then please remove carbon papers. Pages low requires that the death certificate be executed within 24 hours a 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [WIDOWED CUPY TOR TOWN ON DEATH NAME OF HOSPITAL OR INSTITUTION (If haten haspital 12b KIND OF BUSINESS OR INDUSTRY S.JAI RESIDENCE (Where deceased lived, if in naturian Residence before 13c CITY OR JOWN 13e. STREET, AND NUMBER or removol, and in any IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Annie Griffith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. Address Yes, no stunknown) (If yes give war or dates of service) 217-12-1826 Mrs. Betty Crider, Keedysville, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEAT DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Canditions, if any, which gave) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to b has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CERTIFICAT CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County White Not while at work 22a. I certify that (I) (the haspital) attended the deceased from 26 leaves 1968, ta affect 19, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (corr) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22 DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR director, page PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type)

23c NAME OF CEMFTERY OR CREMATORY

Boonsboro Cemetery

23c BURIAL, CREMATION,

24 FUNERAL DIRECTOR

VR A15 (4)

30M REV 1/68

BMOVAL (Specify)

23b. DATE

4- 21- 68

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md DATE

23d LOCATION (City or Town)

2So. REC'D BY REGISTRAR

(County)

Ocharles

Boonsboro, Wash. Co., 25b. REGISTRAR 5 SIGNATURE

(Stote)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type ar print) Month R 9 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR last birthday) OAYS event, within 72 hours and completely filled in by 9. COUNTY OF DEATH 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 8 MARRIED TI NEVER MARRIED countryl DIVORCED [WIDOWED N onTgomer 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired) INDUSTRY carbon BETHESDA Housewife 3a JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 3d INSIDE CITY JIMJTS? 13e STREET AND NUMBER 13b. COUNTY YES 🔣 BETHESDA remove NORTH and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN-NAME First VING ST. PAddress Hrlington, Va 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, na. or unknown) signed by the attending physi burial-transit permit Then pl burial, crematian, ar removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Intracerebral hemorrhage, left cerebrum IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Canditions, if any, which gave) Cerebral arteriosclerosis rise to mimed ate cause (a). DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been detached far use as the te Deot, af Health prior ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES-G-NO F 2 a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 21d IN. JRY OCCURRED AT HOME FARM STREET FACTORY.) 21f LOCATION, Street or R.F.D. No. 21e PLACE OF INJURY State City or Town (ounty While Not while at wark ATTENDING 220 1 certify that (I) (this haspital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive an_ be retained director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did, not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d PHYSICIAN'S Shapuro NAME (Type) 23c NAME OF CEMETERY OR CREMATORY Columbia Gardens Cemetery, Arlington, Va. 23d. LOCATION (City or Town) (County) 230 BLR AL, CREMATION 23b. DATE REMOVE GORING 4-12-1968 24 FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR VR A15 (4) Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR remuren that the death certificate be executed within 24 hours after death (Type or print) Month / Doy IF LINDER I YEAR 6. AGE (In veors lost birthdoy) MDNTHS 1-26-0 the attending physician and completely filled in by the sit permit. Then please remove carbon papers. Pag 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED X DIVORCED [120 USUAL OCCUPATION (Kind of work done during most of working afe, events retired) 10. CITYLOR TOWN/OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12b. KIND OF BUSINESS OR IND.,STRY give street oddress) HOUSPINALE 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 3d. INSIDE OTY UM.TS? 13e. STREET AND NUMBER and in any 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) (If yes give war ar dates of service) IB. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Calencearemon burial-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has burn 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🔽 be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (t) (this haspital) attended the deceased from 42 / 6 , 19 67 , ta 22 / 7 , 19 67 , that (1) (we) last saw the deceased alive an 42 / 19 67 , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. to 22b. SIGNATURE 22c, DATE SIGNED DEGREE director, page should be filed DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS SPRING 0 NAME (Type) (16NE M. Q SILVER COHON. SPRING 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Parklawn Cometery Montgomery Md. Rockville

Glen Carter 8434 Georgia Avenue

250, RECD BY REGISTRAR DATE APR 2 3



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26 HOUR A DECEASED-NAME Mrddle Last 2a. DATE OF DEATH First within 24 hours after death (Type or print) Manth Rosamilia, Jr. Leo none April 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years JE LINDER 1 YEAR last birthaay) DAYS HOURS rsician and campletely filled in by the please remove corbon papers. Page: I, and in any event, within 72 hours at White August 1934 Male 33 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 🖾 NEVER MARRIED country) USA WIDOWED [DIVORCED [Montgomery New Jersey signed by the ottending physician and completely filled burial-tronsit permit. Then please remove corbon pape 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR The Clinical Center. NIH during most of warking life, even it retired)
Free Lance Writer INDUSTRY Bethesda or removal, and in any event, 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before LHR, CITY OR TOWN 13d UNSIDE CITY LUMITS? 13e. STREET AND NUMBER requires that the death certificate be executed New Jersey 13b. COUNTY YES X NO C Totowa 305 Totowa Road 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Leo Lillian McDonald Rosamilia (none) 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Record Address (If yes give war or dates of service)
Korean Yes, no. or Linknown) 143-26-2342 The Clinical Center, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Irradiation Pancarditis 9 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Hodgkin's Disease 4 years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. 201X PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Gastrointestinal hemorrhage, phlebitis left leg? Pulmonary emboli? hos been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [for use Healthy by the hospitol or this certificate 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Mat while at work O FUNERAL DIRECTOR: After 22a. I certify that (A) (this haspital) attended the deceased fram. 22 March , 1968 , ta 8 April , 1968 , that (A) (we) last saw the deceased glive an 8 April _____19 68, and that in (MW (aur) apinian death accurred an the date and haur and from the be retoined causes stated above/10 (we) (did) (MMXX) view the bady after death. 226 SIGNATURE 22¢ DATE SIGNED MED. DIRECTOR STAFF PHYS. 8 April 1968 DEGREE 22e. ADDRESS The Clinical Center. National 22å. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Michael Emmer. M.D 23b. DATE 23c NAME OF CEMETERY OR CROMATORY 23d. LOCATION (City or Town) (State) 2Sb. REGISTRAR'S SIGNATUR 250 REC'D BY REGISTRAR VR A15 [4] 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2g, DATE OF DEATH 26 HOUR DECEASED NAME First Middle The low requires that the deoth certificate be executed within 24 hours after death (Type or print) MAURICE ROTTENBERG Fril 4:50 PM S. DATE OF BIRTH 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX Male White HOLIRS ias bythday) July 28, 1900 hour 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) Boston, Mass. U. S. Montgemery DIVORCED [7] WIDOWED [77] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) Holy Cross Hosp. during most of working life even if retired) please remove carbon Silver Spring 13e STREET AND NUMBER 8811 Colesville Road 130. uSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? YES K Marvland 13b. COUNTY Montgomery Sil. Spring NO 🗀 State Dept. of Health prior to buriol, cramation, or removal, and in ony IS. MOTHER'S MAIDEN NAME First M.ddle 14. FATHER'S NAME Middle Last Rottenberg Sarah Oscar Address Sile Spee Md. 16b. SOCIAL SECURITY NO. 17, INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) Celia Rottenberg - 8811 Colesville Rd. APPROXIMATE INTERVAL Examiner 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis hr. DUE TO, OR AS A CONSEQUENCE OF SEVERE ARTERIOSCIEYUSIS Conditions, if any, which gave) 20-254125 rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO A 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21d INJURY OCCURRED
While Rat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County saw the deceosed alive on 1967, and that causes stated abave, (1) (we) (did) (did not) view the body after death. director, page 3 should should be filed with the 22c. DATE SIGNED 221 SIGNATURE ATTENDING PHYS MED. DIRECTOR DEGREE 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 23d LOCATION (City 230 BUR AL EREMATION, REMOVAL (Specify) LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE ROOSEVELT MEM. PK. 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1/68 196B

f re tw F. . . . a in the 1 000 ~ 1 C 6 . (

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05348 CERTIFICATE OF DEATH 1. DECEASED NAME Last 2n DATE OF DEATH First Middle 2b. HOUR P The law requires that the death certificate be executed within 24 hours after death (Type or print) WALTER ROWLAND 8:45M Apri S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Sept.13, 1909 last birthday) HOURS Cauc. Male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fare an 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔼 NEVER MARRIED 📋 eduntry) and in any event, within 72 h U.S. Montgomery WIDOWED [DIVORCED [England 10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Bethesda Chester Rd. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113k CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE ethesda YES TO NOT 7717 Old Chester Rd. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last Walter Rowland Elton Jane 3 Kennedy Aldrenive 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknawn) NO (11 yes give war at dates of service) burial, crematian, ar remaval. Waldwick, New Jersey 066 06 6204Joan Tower APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per lige for (d), (b), and (c). PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) DUE TO, OR ASLANCONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) pe aetached far use as the State Dept. af Health prior ta CATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this hespital) attended the deceased from 1900 and that in (my) (our) apinian death accurred an the date and haur and from the 22b. SIGNATUR STAFF PHYS. 22e. ADDRESS 4740 Chevy Chase 22d PHYSICIAN'S O FUNERAL NAME (Type Chevy Chase, Maryland NAME OF CEMENRY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (Caunty) (State) Flushing. Flushing Cemetery N.Y. 30 - 6875 APPRESS Jisconsin 2Sa. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 [4] 30M REV, 1/68 1968 Bethesda. Md.

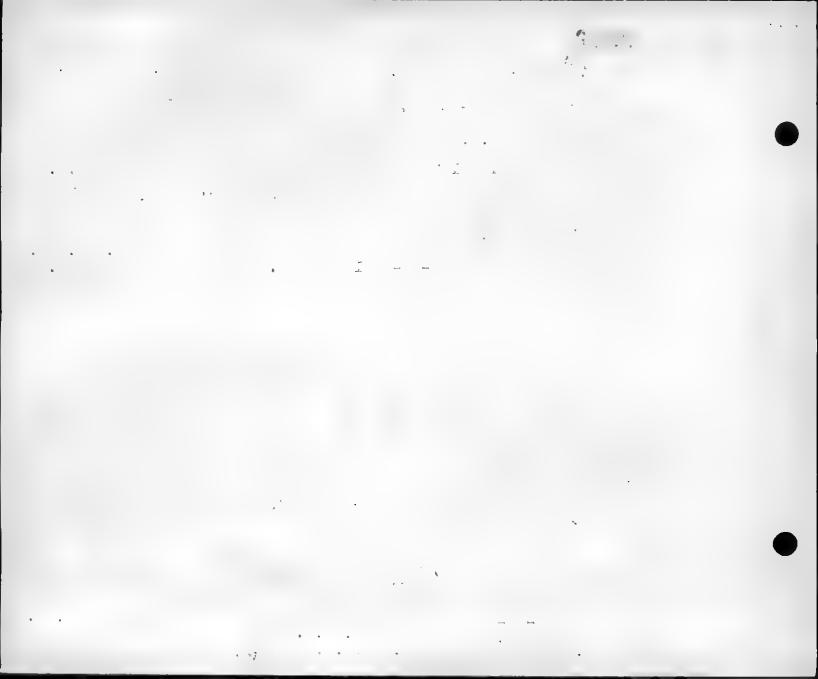
1	MARYLAND STATE DEPARTMENT OF HEALTH OSSIGN OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
FOR STA	ATE	L	Item#13e Film#G400 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4					
	DEP (DECEASED-NAME F.rst Middle Lost 20 DATE KNOWN Month [Doy Yeor 2b HQUR					
ay is 3 ta Page	4 1 X		Mollie Rozansky Death MATED 4	28 1968 6 30 A					
delay and 3 M3. Pa	ie V	1	A RACE S DATE OF BIRTH 6 AGE (in years of LNDER 1 YEAR IF JNDER 24 HRS 2C DATE PRONOUNCED DEAD out birthydry) MONTHS DAYS HOURS MINN Month Doy	Yeor 20 HOUR					
ny del 2, and PM3.	₹ (.	1	12 - N. Der 13/98/ 86 YRS ATTI 28	1968 6 AA					
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ter death Give Pag ang with	‡ ţe		13ethesdo Dilverstring/ MERCHANT	NOUSTRY					
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iner	pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	1/1-2					
d be executed within 2 d "pending" in pencil ii Chief Medical Examiner	2 e	_	15, 10, 31 dikitowif 45 (17 yes give word addes of serins) 577-10-6063 Rear Rozarshy 4545 Comm. ax. A.	W. WASH DC					
rted n	ermit F within		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1 DEATH WAS CAUSED BY. C. C	BETWEEN ONSEL AND DEATH Sodden.					
e execute 'pending'' ef Medical			IMMEDIATE CAUSE (0) COFORD STY AND THE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF	Juanen.					
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This co cate, v be fan	be used a remaval,	CERTIFICAT	WAS PERFORMED?	YES NO NO					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 11 THE OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	18.)					
KER: cert houl	should Ition, ar	MEDICAL	CAUSE OF DEATH P.M. 19						
	'age 3 shou cremation,	2	21d. NJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK 21e PLACE OF INJURY (At home, form, street, at work of foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City of Town	County State					
	Δ .		22a certify that taak charge of the remains described above, held an Autopsy Inspection Inquiry	and in my apiniar					
e exector.	DIRECTOR: or to burial		death resulted fram Natural causes 🗵 , Accident 🗌 , Suicide 📋 , Hamicide 🔲 , Undetermined manner						
leas directain	DIR 다		ACTUAL OF BOOK CHIEF MEDICAL EXAM.NER						
- L	RAL DI priar		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220 DATESTI	GNED /68					
o DEPUTY necessary, the funeral 5 may be	O FUNERAL Health prio		EXAMINER'S NAME (Type) TOHN G. BALL M. A. ADDRESS(Street, city, town, or county)						
	10 H	230	BIRIAL REMATION, 23b DATE 23c NAME OF CEMETRY OR CREMATORY 23d LOCATION (City or Town) (C	County) (State)					
		04	17/29/60 Cedies Herail Cem - Washington	D.C.					
	SME (5)	7		anles Judge					
10M RE	86 J V	1	- Ingir WI J 0 1000 1	00					



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Day Year 2b HOUR
TO 9 12	(Type or Print) JOSEPH RUDDEN OF ESTI- DEATH MATED 4 28 1968 5:261
deloy	3 SEX 4. RACE S DATE OF BIRTH 6 AGE, in years 15 UNDER 14 HRS. 21 DATE PROMOUNCED DEAD 2d. HOUR last birthdow) MONTHS DAYS HOURS MIN. Month. Day Year Co. Ye
and and artiful and artiful ar	Male White 3/4/09 59 YRS April 28 1968 5:26P
- E 8 %	70 B.RTHPLACE (State or foreign 70 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
ges 1, form	Guntry) Wash., D.C. USA WIDOWED DIVORCED Montgomery Md. 10 CITY OR TOWN OF DEATH DI NAME OF MOSPITAL OR INSTITUTION (If not in hospital DIZO USUAL OCCUPATION (Kind of work done 112b KIND OF BUSINESS OR
20 = 20	diving most of working life arms if region INDUSTRY
ofter de 3. Give P along wi with the	120 15.16 PESIDEMOS (Milhorn decorard and if prefitation Per days before 12 CITY OR TOWN 13d INSDE CITY HMTS2 13a STREET AND MILMORD
s offer 18. Gir along with	admission) STATE Maryland 13b COUNTY Montgomery Rockville YES NO 14129 Chesterfield Rd.
hours Item 10 Office I ond 2 offer d	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
7 - v v	Julius Rudden LENA TABACHNICK
within 24 pencil in xominer's ile poges 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Wife, ADDRESS (Yes, no, or unknown) (If yes give wor or dotes of service) 577-03-5505 Mamie Rudden 14129 Chesterfield Rd. Rkvl.
with n per Exom Exom File	
d be executed within 2 d'pending in pencil ii Chief Medical Exominer' transit permit. File poges y event within 72 hour	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH
executed inding in Medical permit.	MIMMEDIATE CAUSE (a) ACCUSE (THE CAUSE (A) ACCUSE OF THE CAUSE (A) ACCUSE
be exiloned hief Me ansit po	(Cardil'ons, if any, which gave)
vord be Ch	nse to immediate cause (a) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
후 > 두 ' 등 등	last (c)
s certificate should by writing the word forwarded to the C used as a buriol-tr smovol, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certificate writing th inwarded to used as a l	190. DATE OF OPERATION 1196. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
2 2 2 7	190. DATE OF OPERATION 190 OND T ON FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c How INJURY OCCURRED (Enter nature of purcy in Port 1 or Port 2 (from 18)
± gad a k	
NER: T shauld b shauld b files. 3 should	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 9 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home form street 21f LOCATION Street or R.E.D. No. City or Town County State
She ash	200
EXAMINER: ute the cert oge 4 shauld your files. Page 3 should, cremotian,	WHILE NOT WHILE 10ctory, office building, etc.)
SICAL EXAMINATE THE STANDING OF THE STANDING TO STANDING TO STANDING THE STANDING ST	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my apinion
olease e director etained DIRECT or to by	death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined manner
JIY SIC.	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
ssary, property on be related by be related by be related by the prior of the prior	SIGNATURE 226 DATE SIGNED SIGNATURE 226 DATE SIGNED DEBUTY MEDICAL EXAMINER 226 DATE SIGNED
To DEPUTY necessary, please the funeral directs 5 may be retaine TO FUNERAL DIREC Health prior to b	NAME (Type) BELDEN K. KEAD N. D. ADDRESSIBLE EARLY STORY)
TO DI nece the S ma TO FU	23a BURIA_CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity at Town) (Caunty) (State)
	Burial 4-30-1968 Adas Israel Cemetery Washington D.C.
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 150 REGISTRAR SIGNATURE Quedas
10M REV 1/68	Goldberg Funeral Home 4217 9th St., N.W. DATE MAI 0 1300



1	10	5-13-40 VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		35:48 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	T 4 p
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day	Yeor 2b HOUR
2 2 8 2 2 3 A		(Type or Print) MARCARET LORRETTA RYAN DEATH MATED X 4-9	168 / 8
dela 3 and 3 and 3 and 3 . Po	3. 5	iost printdoy) MONTHS DAYS HOURS MIN Month Day	Year / 2d. HOUR
Plant	<u> </u>	- W 12-16-02 (65 YRS) 32-9	1968 3-5
a a		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED N 9 COUNTY OF DEATH VICTOR OF DEATH WIDOWED DIVORCED VICTOR OF DEATH	
Pages ith far State	10.	MANITUAND U.S.A.	KIND OF BUSINESS OR
after death 8. Give Pages along with far with the State eath.		SILVER SPRING TOOOT SPRING STREET during most of working life, even if retired.) INDUS	
after de 8. Give F alang w with the seath.	130.	o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	U.D. GOV
D ∞ D 3 0	0	odmission) STATE MD. 136 COUNTY MONT. 5.5. YES NO 10001 Spring	ST. #60"
them 1 Office 1 and 2 after d	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 in 1 ir's (ir's (CARNEY
within 24 pencil in Examiner's File pages 72 hours			SP. MD.
Exan File	-	DO 577-A2-8321 HEIEN A. BEANE 8603 MAYFAT	APPROX MATE INTERVAL
urec gr. i rcat rcat rratir		PART I DEATH WAS CAUSED BY. A. hyvistion due to obstruction of Taruny	BETWEEN ONSET AND DEATH
d "pending" in Chief Medical E iransit permit. F		1/1 × DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe nief		Conditions, if ony, which gove) by large piece of unchewed meat.	
ward ward the Ch rial-tra		rise to immediate couse (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
2 > = '= _		lost. (c)	
ate g th ed i		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certific te, writin farward e used as	S	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
his certifate, write farware farware be used	CERTIFICAT	WAS PERFORMED?	YES NO
ficial files		210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	
KAMINER: The the certificated by four files. Oge 3 should cremotion, or	D CAL	PR MARY TOR CONTRIBUTING HOUR AM 4-9 968 Deceased vomited and as irated v	omitus
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SIC ase a recta sined sined to but to		deoth resulted from Natural causes , Accident , Suicide , Homicide , Undefermined manner	
y, plectral d'r		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b DATE SIGNE	n
EPUTY sssary, I funeral ay be i JNERAL Ith prist		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	1918
TO DEPUTY DICA necessary, please ex the funeral director 5 may be retained in TO FUNERAL DIRECTOR		NAME (Type) SELDEN K. KEAP M.D ADDRESSITION BY TO LADDRESSITION BY TO LADDRESSITION BY	100
the the Young	230	TO BURIAL, CREMATION, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Coun	ity) (Stote)
	-	BURTAL 4-13-68 MT OLIVET CEMETERY WASHINGTON	D. C.
VR A15ME (5)		ADDRESSWASH. D. C. 250 REC'D BY REG STRAR 256 REGISTRAR S SIGNA	0
10M REV 1/68	F	FRANCIS J. COLLINS 3821 14TH. ST.N.W. DATE APR 15 1968 Johnson	1 Judge



April 17.1968

Hebrew Memorial Funeral Home St., N.W. Wash., DPUL

Donald M. Stein

REMOVA (Specify)
Burial

0

VR A15 (4) 25M 1/67

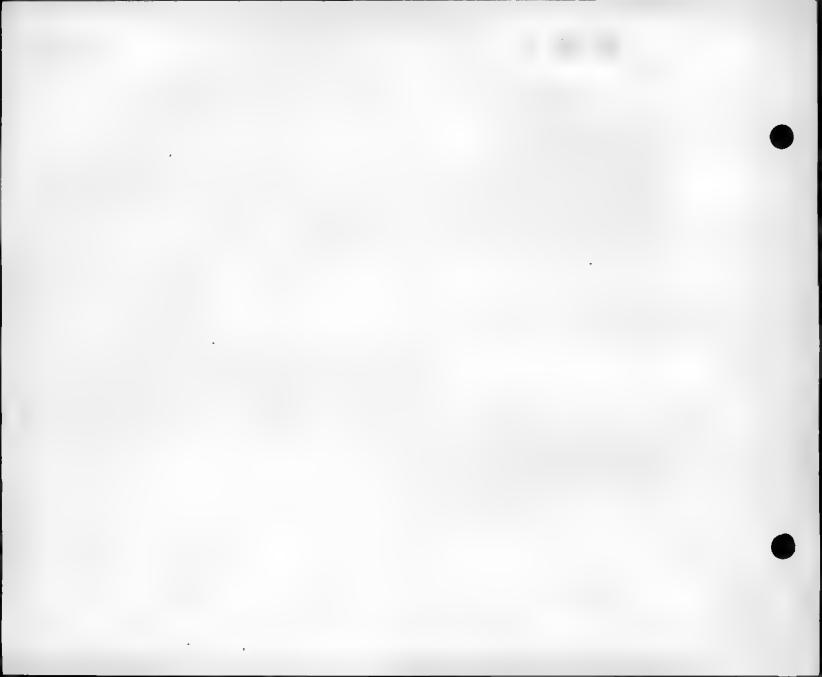
MARYLAND STATE DEPARTMENT OF HEALTH

Beth Israel Cemeteru

MONTGOMERY e IS RESIDENCE ON A FARM? NO L APRIC 19 68 IF UNDER 24 HRS IF UNDER 1 YEAR 12 CITIZEN OF WHAT COUNTRY? 1755 INTERVAL BETWEEN 19 WAS AUTOPSY PERFORMED? NO. (County) (State) . 1968, that (1) (we) last 22b. DATE SIGNED 4/16/68 (County)

New Jerson

Woodbridge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Year Eleanor G. St.Johns 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR HOURS 6/29/92 last britingy) OAYS Wh. Female 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED, NEVER MARRIED country llinois U.AS.A. Montgomery WIDOWED DIVORCED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give down osshospital during ருடித்தி werking lifteragen if retired.) INDUSTRY signed by the attending physician ond completely f burial-tronsit permit. Then please remove corban Silver Spring, 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before event, 13c CITY OR TOWN 13e, STREET AND NUMBER 13d WSIDE CITY LIMITS? admission) STATE Md. 13b. COUNTY ontgomery 2100WashingtonAve. Silver and in ony 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Last Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) Glenn H.St.John 2100Wash.Ave.SS.Md APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Intracerebral a intraventricular 능 cremation, DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave) pertensive nse ta immediate cause (a), DUE TO, OR'AS A CONSEQUENCE OF physicion stating the underlying cause burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUP NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IXI NO | this certificate be retained by the hospitol or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ō OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark State 22a. I certify that (I) (this hospital) attended the deceased fram, and that in (my) (our applicance deceased alive an 1900, and that in (my) (our applicance deceased alive and the deceased frame). O FUNERAL DIRECTOR: After plnous causes staned abave, (1) (4) (4) (did not) view the body after deoth. 22b. SIGNATURI 22c. DATE SIGNED ATTENDING MED DIRECTOR PHYS. 22d. PHYSICIAN'S 23e. ADDRESS DIA director, should b NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BURIAL, CREMATION (Caunty) 25a. REC'D BY RESISTRAR REGISTRAR'S SIGNATURE 30M REV 1/68



1	117No	MARYLAND STATE DEPARTMENT OF HEALTH	
	a c e	ems 14,16b, &20 Division of VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201	
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ie death cei atteilding p pillmit The		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) a 1 Mulliple Myelona	14cm
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	MEDICAL	or contributing Cause of Death HOUR A.M. Manth Day Year [16] either, natify medical examiner] P.M. 19	
PHYSICIAN he hospital of this certifical etached far	ME		unty State
-C -T -V		While Not while of at wark at wark	
DING d by the After d be d		22g certify that (1) (this hospital) attended the deceased from 17 - 1968, to 4 - 16 1968	, that (I) (we) last
		saw the deceased alive an 17-16 1968 and that in [my] (our) opinion death accurred on the date of	nd hour and from the
the South		causes stated abave, (1) (we) (did) (did not) view the body after death.	Staurn
L OR ATTENI be retained DIRECTOR: A ge 3 should		22b SIGNATURE ATTENDING ATTENDING DIRECTOR DIREC	Driller
		AND DAYS STANS	MENSIAL TO
O HOSPITAL OR ATTENI Poge 4 may be retained O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		NAME (Type) EUGENE P. LIBRE 10400 CONN. AVE.	KENSINGTON HL.
UNE 4 Purity of the 4 Purity o	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	unity) (State)
O HO Poge O FUN shoul	1	BuriaThy April 19, 1968-Cedar Hill Cemetery Suitland, Pr. Ge	
F F 3	24	FUNERA, DIRECTOR JOSE Ph Gawler's Son spicksoc 250 REC'D BY REG STRAR 255 REGISTRAR S SIGN.	
VR A15 (4) 30M REV 1/6R			Sa Judac.



.5047 DECEASED-NAME First (Type or print) 3. SEX 24 hoor 7a. BIRTHPLACE (State or fareign country) Med in event, within 10. CITY OR TOWN OF DEATH pou TAKOMA remove cor the death certificate be executed ond in any 14 FATHER'S NAME First Middle Va 160 WAS DECEASED EVER IN ILS ARMED EDREES? Yes, no. or unknown) ar removal, PART I. DEATH WAS CAUSED BY. 1MMEDIATE CAUSE (a) buriol, cremation, Canditions, if any, which gave) buriol-transit rise ta immediate cause (a), stating the underlying couse!

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH M.ddle 20. DATE OF DEATH Month 6. AGE (In years IF LINDER 1 YEAR IF JMDER 24 HRS. last birthogy) MONTHS 0-21-88 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 121 NEVER MARRIED WIDOWED' DIVORCED [MONTGOMERY 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired) **INDUSTRY** 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER GREENBRIER IS. MOTHER'S MAIDEN NAME First Lost Middle Lost MARGARET 16h SOCIAL SECURITY NO 17 INFORMANT Address -969 OSSI APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DUE TO, OR AS A CONSEQUENCE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b JE YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO TY 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21a. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY 21f LOCATION Street or R.F.D No. City or Town County State While Not while to the work 22a. I certify that (I) (this hospital) attended the deceased from 345, 1955, to 416, 1965, that (I) (we) last saw the deceased alive an 466, and that in (my) (our) opinion death accurred on the date and hour and from the 1955, to AIR/C 4, 1968, that (1) (we) last causes stated abave, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR 22d. CPHYSICIAN'S 22e. ADDRESS 23d/LOCATION (City of 230 BURIAL REMATION 23b DATE (State) KEMOVAL (Specify) 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATUR Occupia DATE APR

O FUNERAL DIRECTOR: director, page 3 should be filed v VR A15 (4) 30M REV. 1/68

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		1.0	CEASED-NAME First	Middle	ERTIFICATE OI		DATE OF DEATH	1	al- Hour
	death.		une or arintl		SA		4 Month 30	Doy 68Year	2b. HOUR 50 DST
	er deat	3. SE	SHOP	SER ELIAS	S. DATE OF		6. AGE (In years		INDER 24 HRS
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0	illed in papers, papers, prin 72 hour		SIRTHPLACE (State or foreign 7	USA	8 MARRIED NEVER M WIDOWED DIV	BIKKIED	OUNTY OF DEATH		Md.
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	mplete e carb	130	USUAL RESIDENCE (Where deceased	lived, if institution. Residence before 13b. COUNTY	13c. CITY OR TOWN	134 INSIDE CTY LIMITS?	13e STREET AND NUMBER		
	SYNCE TO COI TO COI TO COI	14.	ATHER'S NAME First	Middle Lost	15. MOTHERS	MAIDEN NAME First	9920 Georgia Middle		.Dst
	be e and e rel		Elias	Sapp		Rela	,	Oaks	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the death certificate be exercited within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the filled in the standard director, page 3 shalld be detached far use as the burial-transit permit. Then please remove carban pagers, loand 2 shauld be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMEI		O. 17. INFORMANT	E 1 E11	120 Georgiadora	venue.	
	certi g ph Then mav		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)	The state of the s	a supp	\	APPROXIMATE I BETWEEN ONSET A	INTERVAL
	eath andin nit.		PART I DEATH WAS CAUSED I	BY CAUSE (a) Mela	tatie Ce	ger cener	we		(OS
	he d s affe perm tian,		150 Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	0		_	16 M	20
	hat t In. In the		rise to immediate cause (a), (stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF	iagas	Carcun	orne	1011	03 -
	equist the physician signed by burial-trafter burial-trafter burial, cre		last.	(4)					
	requi ng phy in sign e buri	_	PART 2. OTHER SIGNIFICANT COND	ITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)		
	The law re attending has been s se as the k th priar ta k	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20a, AU YES [20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERTIF	YING
	AN: The all are at icate he far use Health		21a. ACCIDENT WAS UNDERLYING				re of injury in Part 1 or Port	2, Item 18.)	
	pital pital rtifice of fa	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine)	r) HOUR A.M. Month Day Year P.M. 19					
	ing PHYSICIAN: The by the haspital ar after this certificate has be detached far use costate Dept. af Health pistate Dept. af Health pistate Dept. af Health pistate Dept.	W	21d INJURY OCCURRED 21e. Pl White Not while at wark	LACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	DRY.) 21f. LOCATION Sti	reet or R.F.D. No.	City or Town	County	State
	ATTENDING etained by th CTOR: After shauld be d vith the State		saw the deceased aliv	haspital) attended the decease	9 60, old that in (my) (aur) apinian	death occurred an the	19 <u>도소</u> , that (I) date and haur and	(we) last
	TTENE ained TOR: A nauld th the		causes stated abave,	(I) (we) (did) (did nat) view the b	oady after death.	// (/			
	OR ATI be retain DIRECTO ge 3 sha ge 4 with		22b. SIGNATURE	flage no	DEGREE PHYS	DIRECTO	OR STAFF D	CA SO S	8
	O HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the 3		22d. PHYSICIAN'S NAME (Type)	corge Sharpe		DDRESS COUNS	ectathe 1	Caratofre	Md
	HO:	23 a.	BUR.AL, CREMATION, 23b. DA	TE 23c. NAME OF C	EMETERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (S	stote)
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	VR A1 1 68	1-4	anner E. Pumphr	en Carter 843400000	orgia Ave. Sprina Mar	DATE MAY		R'S SIGNATURE	dge
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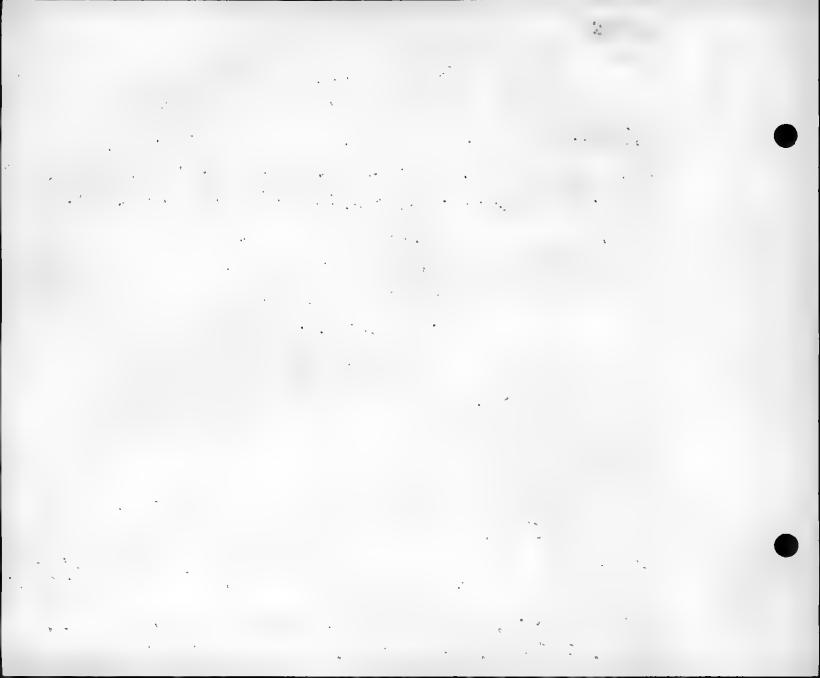
TO HOSPITAL OR ATTENDING PHYLICIAN: The law requires that the Blath certificate be executed within 24 habis

Page 4 may b retained by the hampital or attending plysician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

- 1		CEASED-NAME	First		Middle		Last		2a. DATE OF				2b. HOUR
	{1	Ype or print)	F//a.		EVR.	9	chal	7.	Apri	Month 5	Doy	Yeor 68	12 ×3 pM
ı	3. SE	X	12110	I. RACE	1.		S. DATE OF BIR	TH	77 7 7	6. AGE (In years	IF UP	IDER I YEAR	IF UNDER 24 HRS.
		Femal	0	L.	hite		11-13	-78	,	last birthdoy)	rrs.	HS DAYS	HOURS MIN.
ı	7a. E	BIRTHALACE (Syota or	faceign is 75.	CITIZEN OF WHAT	OUNTRY?	8. MARRIED [NEVER MARR	ED 9	COUNTY OF	DEATH			· · · ·
-1	caun	NOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOCOC	COCK	Amer	7.	WIDOWED			Mod	Torme	rV		Md
ı	10. C	ITY OR TOWN OF DE	ATH		OF HOSPITAL OR INS	TITUTION (If no	ot in hospitol		OCCUPATION	(Kurd of work do	one /12	b KIND OF E	BUSINESS OR
Л		TAKOMA P	ark	give stree	address)	SAN SAN	IT HOSE	during mos	t of working l	life, even if retire		NDUSTRY_	1 Corot
		USUAL RESIDENCE (W		ived, if institution		13c CITY OR	TOWN 13	INSIDE CITY LANGT	13e STR	REET AND NUMBER			a R J L J L J L J L J L J L J L J L J L J
7	oami	ssion) STATE	4.	13b COUNTY	102 Jacker	& Rock	ville	YES 2 NO	148	08 Wila	LYN	WA	1/
/ [14 F	ATHER S NAME	First	Middle	/ last /	15	MOTHER S MAI	DEN NAME Firs	t	Middle	ð		Last
1		JAnie	28	F. E	Bartle	11		An	Na			Ni	Tzel
-1		WAS DECEASED EVER	IN U.S. ARMED		SOCIAL SECURITY N		NFORMANT	0	,	Addres	.5		
- [11/0		3	200-44.	3531	Pts	Recar	رم اح				
		18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)									_		SET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Clarite Pulmonary Congestion 2 La										Com	
-		DUE TO, OR AS A CONSEQUENCE OF											
-1	(and it is any, which gove) (b) Claute Congestive Heart darline										100	Verp	
storing the underlying couse DUE 10, OR AS A CONSEQUENCE OF											4		
-		lost. (1) Chronic Cardievascular Digease.											
-		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
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Н	ICAT	19a. DATE OF OPERAT	ION TYD. COM	DITION FOR WHICH C	JPEKATION WAS PEI	KEUKMED	20a AUTOP			OF DEATH?	P2 EÓWZIE	EKED IN CE	KIIFTING
П	CERTIFICATION	210. ACCIDENT WAS	TINDERIVING	21b. TIME OF INJ	IIDV	21. 00	YES	NO Posta	atura of Inlin	y in Port 1 ar Par	4 7 Hans	103	
-	SE	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. M	anth Day Year	216.116	W INJUKT OCCU	KKED (Enter t	ornie at infar	y in Pon I ur Pui	1 Z, Herri	10.]	
1	MEDICAL	(If either, notify me 21d. INJURY OCCUR		P.M CE OF INJURY (AT I	19		CATION Chank	as D.C.D. No.	f'st.	an Tarra	C-	unty	State
П		While Not while	e 🗆 📗	CE OF INJUNE (OFFI	CE BUILDING, ETC.	211 10	CATION STREET	ar K.P.D. No.	City	ar Tawn	ÇQI	anty	Siule
1		of work of work		acnital) attend	ad the decoare	d from	3 2%	10/-	> to 64	-	10 (2)	that	(I) (wa) last
1		220. I certify the saw the d	eceased alive	on 4-	ine decease	9 and	that in any	(our) opini	on death o	ccurred an th	e date a	nd hour c	(1) (we) last and fram the
1		causes sto	ted above (I) (we) (did) (did	not) view the	body ofter d	leoth.	. , ,					30
		22b_SIGNATURE	00	111	2, 🔘		ATTENDING	MEC). —	STAFF -	22c. DATE	SIGNED	2 PX
-		Note	rd D-	MLYETO	IND.	DEGR	EE PHYS	DIR	ECTOR L	PHYS. L	you	-3,1	1968
		22d. PHYSICIAN'S NAME (Type)	Wittor	4 D. M.	eyers,	MD	22 ADDRI	3 Hd	ddon	Dr. Ta	Ker	nd la	rk Md
	230	BURIAL, (REMATION,	23b DATE		23c NAME OF	CEMETERY OR	CREMATORY		23d. LOCATIO	k (City ar Tawn)	(Cc	unty)	(Stote)
		Burial (Specify)	Apri	19.1968	The Co	naress	ional (eneter	u Was	hinaten		D.	C
	24.	FUNERAL DIRECTOR	C. Gler	Carter	MODRES	n Can	ills !	APR 1	REGISTRAR	256 REGISTR			
	u	arner t-	PWMPhAG	u Inc. 8	474 GeAA	aia Bu	22.0	DATE IT I	4 56	B VClu	ma.	Ourse	1-0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers—Pages" and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death VR A15 (4) 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** DECEASED-NAME First Middle Lost 20 DATE KNOWN Manth Day (Type or Print) ETHEL SCHMIDT ESTI-OF M. APR. 2 DEATH MATED [YEAR # UNDER 24 HRS 4 RACE S DATE OF BIRTH 6 AGE (in years 2c DATE PROMOTINGED DEAD 3 SEX 2d HOUR last birthday) 8/24/20 FEMALE CAUC. 47 To BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH S. A. country) D. C. MONTGOMERY WIDOWED DIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, LSUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) HOLY CROSS HOSP during most of working life even if retired.) SILVER SPRING Own Home 113e STREET AND NUMBER 13a USLAL RESIDENCE (Where deceased lived, f institution. Residence before 13x CITY OR TOWN 13d HISIDE CITY LIM TS? Col.Pk. 5106 Paducah Rd. YES X admission) STATE Md -13b COUNTY Pr.Geovs hours and 2 ofter in Item 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last Archie Bessie Gray L. Henson forworded to the Chief Medical Examiner's poges hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within (Yes, no, or unknown) Bernard C. Schmidt Same as #13 none APPROXIMATE INTERVAL .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Hepatic failure with coma. BETWEEN ONSET AND DEATH permit pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Acute hepatic necrosis Conditions, if only, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O 19a. DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES DY NO F Pe 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should 21b. TIME OF NJURY Manth, Day, Year HOUR A.M. PRIMARY OR CONTRIBUTING WEDICAL CAUSE OF DEATH 21d NJURY OCCURRED 21s PLACE OF N.LRY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town Caunty State factory, office building, etc.) NOT WHILE E 22a. I certify that taak charge of the remains described above, held an Autopsy 📉 Inquiry X Inspection (X) and in my opinian Accident death resulted Krapa-Natural causes Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b/DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY EXAMINER'S Belden Reap, Health NAME (Type) 11502 Grandview Ave. Whtn, Md. 50 230 BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (Caunty) (State) Burial (Specify) 4/20/68 Cedar Hill Suitland P.G. Md. 1968 Klanes 24 FLNERAL DIRECTOR ADDRESS 250 RECID BY REGISTRAR Francis Gasch's Sons Hyattsville, Md. VR A15ME (5) 10M REV 1768



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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7 7
HEALTH DEPT.	1 DECEASED NAME First Modele D Lost 20 DATE KNOWN Month Dos	y Yeor 2b HOUR
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NER NER hau illes.	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e P.ACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town Co	ounty State
KAMINER: te the certi ge 4 shaulc yaur files. age 3 shou crematian,	WHILE NOT WHILE foctory, office building, etc.)	ounty State
13 5 9 T L	AT WORK LI AT WORK LI	F *
ICAL I	22a certify that I took charge of the remains described above, held on Autopsy (X), Inspection (X), Inquiry (X), death resulted from: Natural couses (X), Accident (), Suicide (), Hamicide (), Undetermined manner ()	and in my apınıan
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MD 43545 (5)	24 FUNERAL DIRECTOR JOSeph Garler's Sons ADDRESC. 250 RECD BY REGISTRAR 256 REG STRARS SIGN	ATURE
VR A15ME (5) 10M REV 1768	5130 Wisc. Ave. N. W. Wash. D.C., 20016 DATE MAY 0 1 1968 Cuarte	0

MARYLAND STATE DEPARTMENT OF HEALTH



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FOR STATE		2505 2		V. PRESTON STREET, BALTIMOR NER'S CERTIFICATE OF		. 55
HEALTH DEPT		ECEASED-NAME First	MEDICAL EXAMI	last		- V 10 HOUR
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-50		BIRTHPLACE (Stote or foreign 7b itry)	CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED F		
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s offers olong vith death.		USUAL RESIDENCE (Where deceosed dmission) STATE Marvland	lived, if institution Residence be 13a COLATY Montgomery		inteinance—Plumbin Grumuss 13e. STREET AND NUMBER NO 707 Rosemere	
hours Item 1 Office after d	14.	ATHER S NAME First	M ddle I	ost IS MOTHERS MAIDEN NA	ME First Middle	Lost
	1	Emmar	Eugene See	ek	Carry Louise	
hin Pogg		WAS DECEASED EVER IN U.S. ARMED FOR (es, no, or unknown) (If yes give word	CES? 16b. SOCIAL SECUR or dates al service)	ITY NO. 17. INFORMANT wife Ruth V.	707 Rosemere S	t. SS Md.
	<u> </u>	1B. CAUSE OF DEATH (Enter only o	one couse per lims for (a) (b) who			APPROXIMATE INTERVAL
nding" in Medical E permit. F	1	PART I. DEATH WAS CAUSED BY	Y. / / 0	Coronary	muchlic	BETWEEN ONSET AND DEATH
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s certificate sl., writing the forwarded to used as a bu		PART 2. OTHER SIGNIFICANT CONDITIO	NS CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART I(a)	
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iffice if be		21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b TIME OF INJURY Month, Day HOUR A.M	Year 21c HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Port	2, Item 18)
INER: 1 should be files. 3 should barries.	MED CAL	CAUSE OF DEATH	P M	19		
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DEPUTY SICAL EXAM cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page colth prior to burial, cren)			ribed above held an Autopsy], Inspection (), Inquiry	and in my opinion
pleose e durector retained DIRECT or to bu		death resulted fram:	Natural causes 🔲 , Accu	dent , Suicide , Ham	icide, Undefermined man	fer
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5 = ± ~ 5 = 6	230	BURIAL EREMATION, 23b DA	16, 1968 23 JAME	Mrs. Cometer	230 LOCATION (City or Town)	Then His
VR A15ME (5)	24	FUNERAL DIRECTORY A	Mars) 2	54 Surrell A DATE	APR 1 5 1968	IRS SIGNATURE Judge
- 5444 555	1	The state of the s		170-		



23c NAME OF CEMETERY OR CREMATORY

Gate of Heaven Cem

Rock Pike

2Sq. REC'D BY REGISTRAR

DATE

(State)

2Sb. REGISTRAR S SIGNATURE

30M REV

23g BURIAL, CREMATION

REMOVAL (Spetify)

23b DATE

24. FUNERAL DIRECTOR Tyson wheeler Funeral Home

3/20/68

requires that the death certificate be executed within 24 hou



uneral Home Rockville, Md.

30M REV 1/68

Tyson "heeler

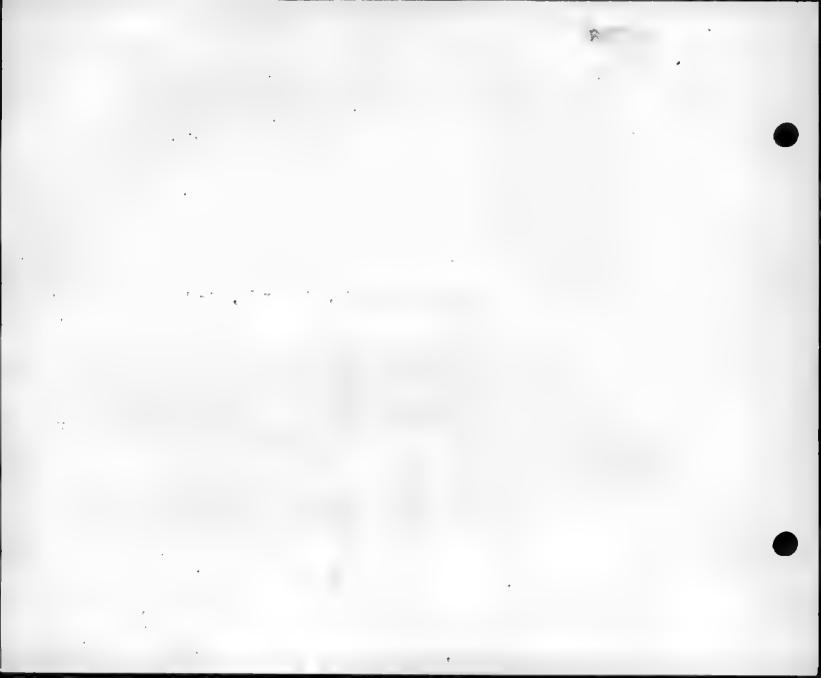
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 35355 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ប្រទទ្ធភិក CERTIFICATE OF DEATH Middle Inst 2n. DATE OF DEATH 2b. HOUR DECEASED NAME First aw reavires that the death certificate be executed within 24 hours after death. Manth 09 (Type or print) 04 the attending physician ond completely filled in by the funeral sit permit. Then please remove carban papers. Pages Took :25PM Daniel Francis SHEA IE JINDER 24 HRS 4 RACE S. DATE OF BIRTH E JINDER 1 YEAR 3. SEX 6 AGE (In years Sairthday) 28 AUG 1901 Male Caucasion burial-transit permit. Then please remove carbán papers. Po, burial, cremation, or removol, and in ony event, within 72 hours, 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED A NEVER MARRIED MONTGOMERY country) MASS U. S. A. WIDOWED DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH INDUSTRY NA give MAN address HOSPITAL BETHESDA during most of working life, WAN wellred) BETHESDA 13o USUAL RESIDENCE (Where deceased lived, if institution Residence before H3c CITY OR TOWN 13e STREET AND NUMBER 13d. INSTOE CITY LIMITS? 13b COUNTY FAIRFAX VIRGINIA YES 😿 NO [ALEXANDRIA 3139 MARTHA CUSTER DRIVE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost First Last Timothy SHEA Ellen HEAT.Y Joseph 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no or unknown) 103-24-8555 SAME AS ITEM NO 13 WILLIAMS APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o MENTINGOMA-RIGHT SPHENOID, STATUS POST OPERATIVE PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospitol or otte≡din≡ O FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO -3 should be detached for use with the State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. County Stote 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town While Not while at wark 109 April 220. I certify that (this hospital) attended the deceased from sow the deceased olive on 1960 and that in (mez) (our) opinion death occurred on the date and hour and from the sow the deceosed olive oncouses stoted obove, (4) (we) (did) (delivet) view the body ofter death 22c. DATE SIGNED 22h SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 10 MARCH 1968 DEGREE director, page should be filed 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) B. L. NAVAL HOSPITAL, BETHESDA, MD. USN RISH. LCDR. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23b DATE 23o. BURIAL, CREMATION, 4-15-1968 REMOVAL (Sparify) Arlington National Arlington, Va. 25b. REGISTRAR'S SIGNATURE ADDRESS 25g. RECID BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV 1768 Joseph Gawler & Sons 5130 Wisconsin Ave N.W.



1 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE A		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		DECEASED NAME First Middle Lost Zo DATE KNOWN Month	Doy Yeor 2b HOUR
200	(Type or Print) EDWARD LEE SHECKELS DEATH MATED 18 4	16 1968 6 3
and 3 to PM3. Page	3 \$		Yeor 2d HOUR
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e De	cour	miry) md. 45A WIDOWED [DIVORCED [] montamen	M.
hours after deoth Item 18. Give Pages 1, Office along with form Land 2 with the State De	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Box 150	126 KIND OF BUSINESS OR INDUSTRY
s after deoth 18. Give Pog along with with the Sta deoth.	130.	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. NSIDE CITY LANDIS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY	12- 3
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hin ncil n.nel page		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give wor or dotes of service) ADDRESS The service of service	
d with the Exart Exart File in 72		IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed in Medical Executed to Medical Execution to permit. First within		PART I. DEATH WAS CAUSED BY (MMEDIATE CAUSE (o) Bronche-pneumonia, bilateral viral?	241.
be exe "pendii nief Me ansit pe event v		485 X DUE TO, OR AS A CONSEQUENCE OF	
be l'ipe l'ipe hief ransit		Conditions, if any, which gove rise to immediate cause (a), (b)	
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'도로 골 ' I	MEDICAL CE	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	m IB.)
EXAMINER: ute the certi oge 4 shaulc r your files. Page 3 shou	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, with the process of the process	County State
		22a certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry X	and in my opinion
bical E lease exect director. Po stained for DIRECTOR: I r to burial,		death resulted fram Natural causes 🔀, Accident 🔲, Suicide 🗍, Hamicide 🗍, Undetermined manner [
please of director retained		ACTUAL CHIEF MEDICAL EXAMINER 22b DATES ACSUSTANT MEDICAL EXAMINER 22b DATES	ICHEN
UTY DITY, Deroil De be PITI PITI		SIGNATURE MODEL FRANKS	end 16/968
necessary, please the funeral directors may be retained to FUNERAL DIRECTOR Health prior to b		RAMINER'S NAME (Type) Gohn G. Ball 7936 Old Georget AWAS (HARAIN, town, or county)	-
10 the He	230 B	b Burial (REMATON, 23b DATE 23c NAME OF (EMETERY OR (REMATORY Darnestown, Majorial)	(County) ryland
R	24	FUNERA DIRECTOR TYSON WHEELER 1331 Rockville Pike 250 RECD BY REGISTRAR 256. REGISTRAR'S SI	IGNATURE
VR A15ME (5) 10M REV 1/68		Rockville, Maryland DAIF pp 19 1968 Pollar	les freder



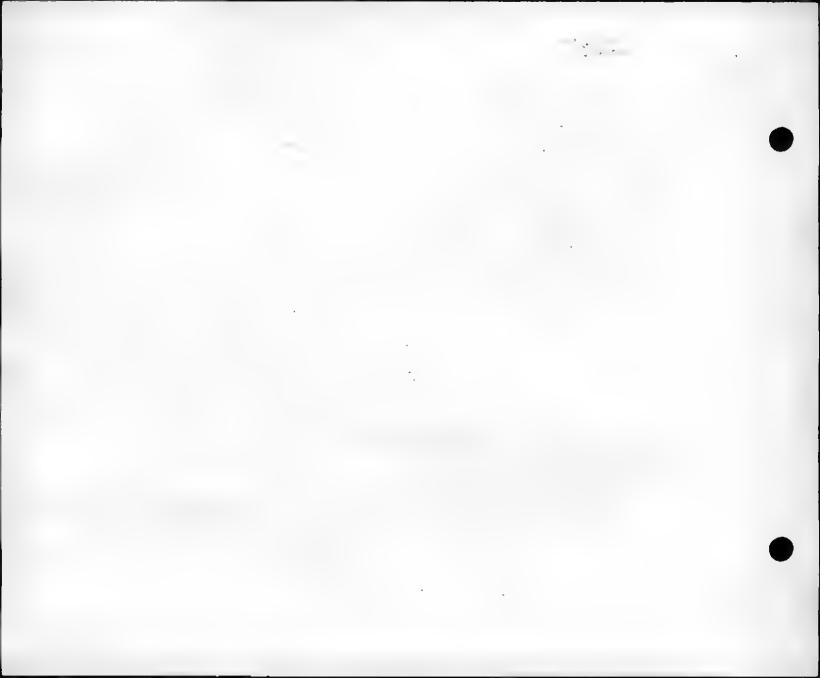
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Limi W		CERTIFICA	ATE OF DEATH	35966
是 第		1 PLACE OF DEATH 0 COUNTY MONTGOMERY MARYLAND		nstaution Residence before admission) COUNTY MONTGOMERY
on on		b CITY OR TOWN (if autside carporate limits, write RURA, and give nearest town) SILVER SATZING	SILVER SPRING	te RURAL and give nearest town)
in Size	K.S	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 8021 EASTERM AVENUE	d. STREET APORESS 8021 EASTERN A	VE e IS RESIDENCE ON A FARM? YES NO
bon with			HESSER OF DEATH AF	Month Day Year PRIL 29 1968
and complet remove car any event,		S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	B. Date of Birth July 14, 1887 9. AGE (In ye lost of l	oy) Months Days Hours Min yrs
ician ond co lease remo ond in any		100. USUAL OCCUPATION (G ve kind of work done during most of working life even if retired)	11 BIRTHPLACE (County & State, or foreign country) Cuss 1 A	OUNTRY?
g physician Then please noval, ond		13. FATHERS NAME 15RAEL SHESSER	14. MOTHER'S MAIDEN NAME UNKNOWN	
the ottending phy nsit permit. Then matian, or remova		(Yes no occuplency). (If yes give were at dates of service)	17. INFORMANT 1 PA SHESSER	Address CORVETIN TOR NEVY CHASE, MD
by the oth transit pen crematian,		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CHRDIAC	ARREGT	INTERVAL BETWEEN ONSET AND DEATH
signed buriol- burial,		stoting the underlying couse DUF TO	TIC HEART DISERVE & HEAR	OT BLOCK 5 YEARG
icote has been for use os the Heolth prior to	*	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CARCINOMA OF COLON (STATE	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II	(o) 19 WAS AUTOPSY PERFORMED? YES NO
Epp		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter noture of injury in Port I or Port II of Item 1	8.)
this detacted beg		Hour o m. 19 While otwork of work	e. PLACE OF INJURY (Home, farm, factory, street, office bldg , etc.)	
CTOR: After should be ith the Stol		21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an April 28 1966, and	m_ <i>[966</i> , 19, ta <i>APRII</i> that death accurred at <i>J. M.</i> , from co	L Z9, 1968, that (I) (we) last uses and an the date stated above
TO FUNERAL DIRECTOR: Aft director, page 3 should be should be filed with the St		220 SIGNATURE SAUL JURESMAN	M.D. ATTENDING MED DIRECTOR STAFF	1226 DATE SIGNED 1968
O FUNERAL DIRE director, page 3 should be filed v		NAME (Type) SAUL ZUKERMAN M;	1 5410 CONNECTICU	TAVE.
direct shou		230. BURIAL CREMATION, REPOYAL STREET, Apr. 30, 1968 Mount Morn	iah Fair	view, New Jersey
R A15 (4) 5M 1/67		24 FUNERAL DIRECTOR Donald M. Stein ADDRESS 232 Hebrew Memorial Funeral Home St. N.W.	Carroll 250 REC'D BY REGISTRAR 250 Wash. D. CAMAY 0 1 1968	Sb. REGISTRAR'S SCHATTER

VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificute be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.





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FOR STATE		0	}
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PM3. Partment		mole White 11/12/50 & birthdoy) MONTHS DAYS HOURS MIR Month Doy	year 1968 12:55
		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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ath age th f			b. KIND OF BUSINESS OR
ve for		itiver spring	DUSTRY
This cert ficate shauld be executed within 24 haurs after death icate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farmy die used as a burial-transit permit. File pages land 2 with the State Dear remayal, and in any event within 72 hours after death	130	DUSUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 4900 Butternut	Dr
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24 h in Ith r's O r's O r's Of		Edward Joseph Sickels Phyllis Ann	McCarter
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itNER: ne certifi shauld fules. 3 shaud natian, c	MEDICAL	CAUSE OF DEATH PM 19 21d INJURY OCCURRED 21e PLACE OF NURY (At hame form, street, 21f LOCATION Street or R.F.D. No. City or Town Company (At hame form) and the company of	County State
EXAMINER: cute the cert age 4 shault your files. Page 3 shault, crematian.		WHILE NOT WHILE AT WORK AT WORK	.usiny side
Ecut ecut Pag ar y R.P.		220. I certify that Lipok charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X,	and in my opinian
se executor page page page page page page page page		death resulted from Natural causes , Apendint , Suicide , Homicide , Undetermined manner]
please er director retained DIRECTO		CHIEF MEDICAL EXAMINER	
Ty pleasing of the control of the co		SIGNATURE SIGNATURE 22b, DATE SIGN	NED (Oco.
To DEPUTY SICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S BELDEN & ETAD H DEPUTY MED (ALEXAM NEW CALEXAM NEW CALE	7/968
5 + 2 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5			ounty) (State)
Mr.	L	Buria (1906) 4/10/68 Gate of Heaven Silver Spring,	-
VR A15ME (5)	24	TUNERAL DIRECTOR yoon Wheeler Funeral Home 1331 Rock Pike DATE APR 1 1 1969 Wiles	VATURE
10M REV. 1/68		Rockville, Md. DATEAPR 1 1 1968 School	by Judge
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 4 Film G399 CERTIFICATE OF DEATH

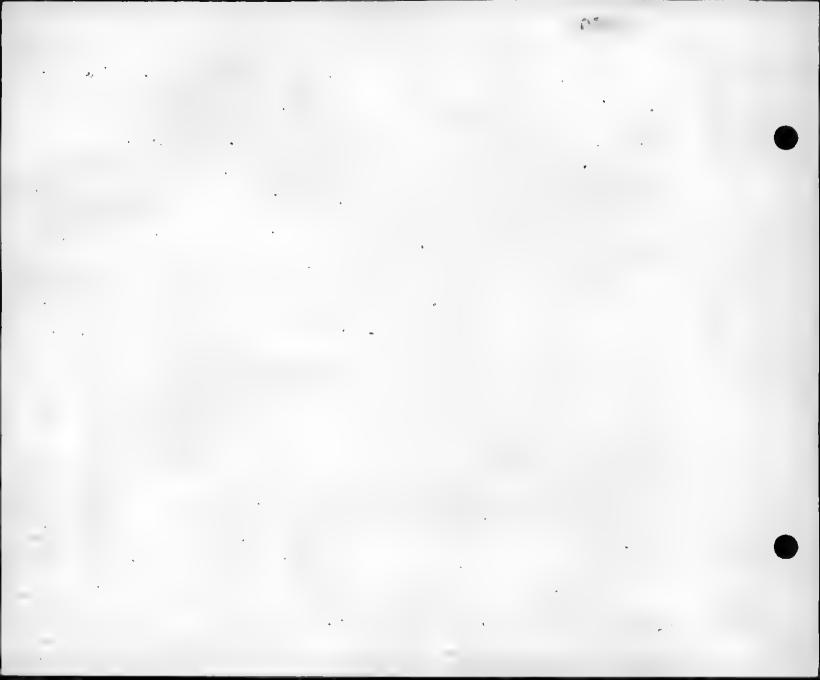
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	MED C	(If either, natify medical	examiner)	P.M.	. 19					4.					
-		2) d. INJURY OCCURRED While Not while	21e. PLACE	OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ORT.) 211.	LOCATION Stre	et or R.F.D No	1	City ar	Tawn	(County		State
1		ot wark ot wark	11) 4.4 : 1	3. 18	4 1 1 1			10.7			1 .0	10 /	Ce at	(1)) ())
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TO FUNITAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carban papers. Pages about be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of VR A15 (4) 30M REV. 1768

IO HOSPITAL OR ATTENDING PHYSICIAN: The low requimes that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physicion.

ond Teath Formers



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
. 13		3506 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	· 10
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directar, estained birect to bure		death resulted fram: Natural causes 🔯 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
please e director retained DIRECT or to bu		ACTUAL Office & R. P. CHIEF MEDICAL EXAMINER ()	
<u>a z9</u>		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1	GNED 23.1968
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VR A15ME [5] **** 10M REV 1768	Ku	liteur Walters Tokomo Frence Home, 254 Carrall State DATE APR 25 1968 golion	cas Judge



- "		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAKYLAND 21201	
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R ATT retair ECTO 3 show		226. SIGNATURE 226. SIGNATURE ATTENDING ATTENDING ATTENDING PHYS ATT	
OR DIR		Bernand Vi vagy water DEGREE PHYS DIRECTOR PHYS 4-1-60	
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with thi	1	22d. PHYSICIANS BERNARD A. FITZGERALD 220 ADDRESS 217 UNIV. BLUDE, SILVER SPRING 1	na
O HOSPI Page 4 n O FUNER director, should b		23a BURIAL, CREMATION, 23b, DATE 23c NAME OF CEMETERY OR CREMATORY, 23d, LOCATION (City or Town) (County) (Sto	te)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		13 WILLIAM april 3.1468 MOSSY CREEK CEMETERY AUGUSTA COUNTY, WIRGI	11/1
VR A15 (4)		24 SUNERA. D. RECION 256 REGISTRARY SIGNATURE Ques	En.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 35563 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J5860 CERTIFICATE OF DEATH 2o. DATE OF DEATH 2b. HOUR First Middle Lost DECEASED-NAME Month (Type or print) 1968 Willard Lansdale Souder, Sr. April IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 3 SEX A RACE requires that the death certificate be executed within 24 haurs after last birthday) HOURS 26, 1885 White May Male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [Maryland Montgomery USA physician and campletely filled within. 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospitor 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address)
27+11 Ridge Rd. during most of working life, even if retired)
Carpenter INDUSTRY Building Damascus 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) Mary Land 13b COUNTY Montgomery YES NO 🗔 27411 Ridge Rd. Damascus , and in any 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME M.ddle Last First Philip Warthen B. Souder Marv Emma 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 578-05-7065 Mrs Cora Boyer Souder, Damascus, Md. signed by the attending phy burial-transit permit. Then burial, cremation, ar remaval 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (t))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis 1 day DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave) (b) Cerebral Arteriosclerosis 15 years rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF by the haspital or attending physician. stating the underlying cause Advanced Generalized Arterotic Cardiovascular Disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🖂 NO -O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) for OR CONTRIBUTING [T] CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. County Stote City or Town While Not while at work 19______toApril 21, 19 68 that (1) 1966 last 22a. I certify that (I) THIS HOURS attended the deceased fram—saw the deceased alive an APIII 20, 1989, and 1947 , and that in (my) (exc) apinion death accurred on the date and haur and from the directar, page 3 shauld shauld be filed with the causes stated abave, (1) (xxx)xdid) (did xxx) view the body after death. 22c. DATE SIGNED 22b. SIGNATUS ATTENDING MED DIRECTOR STAFF PHYS. April 22, 1968 PHYS 22d. PHYSICIAN'S 22e, ADDRESS 9701 Church Street M. McKendree Boyer M. D. NAME (Type) Damascus. Maryland. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b. DATE (County) 23o. BURIAL, CREMATION, REMOVAL Engely) April Montgomery Meth. Clagettsville, Md. ADDRESS 2So REC'D BY RECISTRAR 24. FLINERAL DIRECTOR VR A15 (4) 30M REV. 1768 Olin L. Molesworth, Damascus, Md. DATE

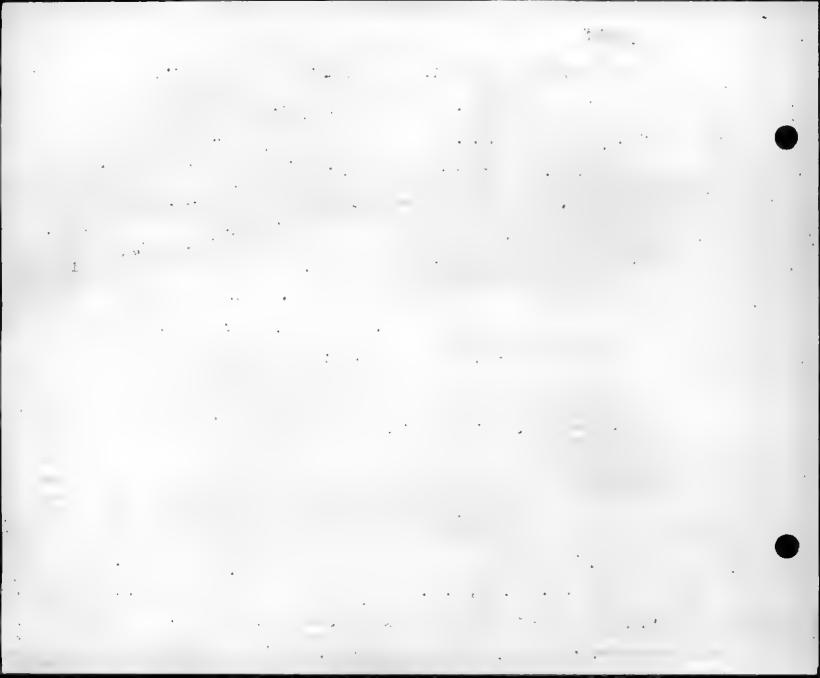


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR 2a. DATE OF DEATH Middle DECEASED-NAME First The law requires that the death certificate be executed within 24 hours after death. Month Yeor (Type or print) IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthdoy) MONTHS HOURS campletely filled in by the 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT-COUNTRY? 8 MARRIED NEVER MARRIED 7a BIRTHPLACE (State or foreign Montgonery DIVORCED | WIDOWED 1 12a USUAL OCCUPATION Kind of work done 126 KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life Ayen (retired) give street address) in any event, 13g. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER remove car STATE 13b, COUNTY YES T NO [7330 /LINE physician and c 15. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Middle ond Address 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na. or unknown) (If yes give wor or dates of service) muss 330/LA burial, cremation, or removal, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. signed by stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 shaufd be detached for use as the should be filed with the State Dept. af Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 196. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO 🕟 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. THOR CONTRIBUTING THE CAUSE OF DEATH Month Doy Year PM (If either, natify medical examiner) State 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County 21d. INJURY OCCURRED White Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram - his _19 4 x, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE STAFF PHYS. **ATTENDING** DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) (County) MAME OF CEMETERY LOCATION (City 23b. DATE 23g. BURIAL, CREMATION ISS. RECOTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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<u>.</u>	_,~注	ı		CEASED NAME	First		Middle		Last		2a DAT	E OF DEATH			2b. HOUR
dea	de de de		(1	ype or pant)	homas		L.	i	SPERRY			APR'I	L 29	1968	7:15
ler.	300	- 1	3. SE.		4. RACE				S. DATE OF			6. AGE (In lost birthe	yeors	IF JINDER YEAR MONTHS DAYS	IF UNDER 24 HRS
s of	= 6.50			MALE		CAUC			Apri:	124,			YRS	MONTHS DAYS	HOURS MIN
an		- {	7o. B	RTHPLACE (State or fores	~			8 MARRIED	NEVER MA	RR ED 💢		Y OF DEATH			
74 h	3.00			Fla.		U.S.A		WIDOWED	☐ DiV(ORCED 🗌		lontgome			, h
-E	fille pag ihin	1001	10. C	TY OR TOWN OF DEATH		11 NAME	OF HOSPITAL OR INS	TITUTION (#1	not in haspital	120 USI	JAL OCCUPA	TION (Kind of wo	irk dane	12b. KIND OF INDUSTRY	BUSINESS OR
WI	ba wil	74		Bethesda,			lesda Nav							INDOSIKI K	IA
low requires that the death certificate be executed within 24 haurs after death	by the affending physician and campletely it ansit permit. Then please remave carban crematian, ar remaval, and in any event, with	49	13a admi	USUAL RESIDENCE (Where ssion) STATE Fla			Residence before / Escambia			YES T		e street and nu 1024 We		hster T	mive
Xec	remave rangve		14. F	ATHER'S NAME First		iddle	Last		S. MOTHER S A				Middle	DD 002 2	Last
96	olld rem in an			Gary	G.		Sperry		2,	DIOLIN TORING	Sandr			Est	
9	rian ease and			WAS DECEASED EVER IN U	LS ARMED FORCES?) [16b	SOCIAL SECURITY N		INFORMANT				dolsa.	Florid	
ij	attending physician permit. Then please ian, ar remaval, and i		γ,	es, no or unknown) (#	yes give war or dates of ser	IVK#}	NA		Gary G.	. Speri	ry 102	4 West			
Cert	E P			18. CAUSE OF DEATH (E	nter anly one couse	e per line fo	or $\{a\}$, $\{b\}$, and $\{\epsilon\}$)							RETWEEN O	MATE INTERVAL INSET AND DEATH
#B	ndin it.			PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (d	ú	Cong	genita	1 Hear	t Dise	ase;	transpos	ition	1	
a de	affe serm			1461			CONSEQUENCE OF								
₽	sit p			Conditions, if any, which rise to immediate cous	gove)	KX.		OI,	great	vessel	S; ST	atus pos	J		
유	signed by the burial-transit burial, cremat			stating the underlying	couse DUE TO		CONSEQUENCE OF		rative						
ires	3 mm 1 3			last		ex									
regu	signed signed burial a burial			PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NO	T RELATED T	O THE TERMIN	AL DISEASE OF	CONDITION	GIVEN IN PART 1(0)		
Mo.	as been as the priar to		FION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH O	OPERATION WAS PER	FORMED	20a. AUT	OPSY?	1 20	Db. IF YES, WERE F	INDINGS CO	NSIDERED IN CE	ERTIFYING
	has e a	1	CFRTIFICATION	28 APR 68			Heart Dia		YES IN		(1)	AUSES OF DEATH?			
- E	icate horación use	ī	CFR1	21a. ACCIDENT WAS UNI	DERLYING 21b	TIME OF INJ	URY				er nature af	injury in Part 1	ar Part 2, It	em 18.)	
N S			IS I	OR CONTRIBUTING CAUS	E OF DEATH HOUF	RAM. M P.M	lanth Day Year 19								
6 PHYSICIAN: The	the the		ME	21d. INJURY OCCURRED	21a. PLACE OF IN	JURY (AT P	HOME, FARM, STREET, FACT ICE BUILDING, ETC	ORY) 21f L	OCATION Str	eet ar R.F.D. N	0.	City or Town		County	State
<u>a</u> ,	this de to e De			While Not while at work											
	fter be			22a. I certify that saw the decea	(I) (this hospita	l) attend	ed the deceose	d_from_A	pril 2	6, 19	68_, to	April 2	9_, 19_	<u>68</u> , that	(I) (we) lo
OR ATTENDIN	FRAL DIRECTOR: After this ce or, page 3 should be detache d be filed with the State Dept.			saw the decea	obave, (I) (we)	(did) (You view the	ody after	a that in (n death.	ny) (our) ol	onion ded	ith accurred o	n the dot	e ond hour	and from th
AT	를 은 종 등			22b. SIGNATURE	0	7				luc.	UED	FTACE		ATE SIGNED	
8	ed v			3-813,	20 ly	24	Me	DEG	REE PHYS		MED DIRECTOR	STAFF PHYS.	3 29	APR 6	8
TAL	AL Day	,		22d PHYSICIAN'S NAME (Type) T.7	F 7:	7 -	W D		22e AD		D.T.	2 **			
SP.	Tar.	1		11	. E. Beas					tnesda		1 Hospi			
H	TO FUNERAL D director, page should be file		23a	BURIAL, CREMATION, BULL 1 (Specify)	23b DATE - 68	3	23c NAME OF C			Como		CATION (City or To	nwr)	(County) Flor	(State)
20	2 3 4		24	FUNERAL DIRECTOR			ADDRESS						GISTRARS		
	VR A15 (4)	49		Polyonet A D	-mmbasons 17	EE7 1		Azro	D-+P D-+P	230. KLC D	a a M	AR 2Sb. RE	och	ares .	udgin



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last Middle 2a. DATE OF DEATH 26 HOUR **DECEASED NAME** First de de (Type or print) the attending physicion and completely filled in by the funeral sit permit. Then please remove corban papers. Pages 1 and ALFRED STAMBLER В. **SEX** 4. RACE 5 DATE OF BIRTH law requires that the deoth certificate be executed within 24 hours after 6 AGE (In years lost birthdoy) DAYS MALE WHITE April 3. 1913 BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED A NEVER MARRIED (duntry) MARYLAND MONTGOMERY U. S. A. within 72 WIDOWED DIVORCED [12b. KIND OF BARDS OR INDUSTRY CARRY OUT 10. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPAT ON (Kind of work done give street address) CROSS SPRING SILVER and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 33c. CITY OR TOWN 13e. STREET AND NUMBER 138 INSIDE CITY EIMITS? MARYLAND 13b. COUNTY MONT. SIL. SPRING YES X NO [9408 Caroline Ave Middle 14. FATHER'S NAME Middle First 1S. MOTHER'S MAIDEN NAME First LOUIS STAMBLER ROSIE SHAPIRO 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) GLADYS L. STAMBLER. 159-09-3548 SAME AS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 능 Ulcarations signed by the buriof-tronsit p Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b O FUNERAL DIRECTOR: After this certificate has been 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔽 NO I Page 4 moy be retained by the hospital or 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. detached 21d INJURY OCCURRED (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work with the Stote 220. I certify that (1) (this hospital) attended, the deceased from þe 196 (and that in (my) our) opinion deoth occurred on the date and hour and from the sow the deceased olive on should couses stated above, (1) (did) (did not) view the body ofter deoth. 226 SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed v 4-16-1968 PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S 8107 Eastern Ave., Sil, Spr., Md. NAME (Type) M? Shapiro. M. D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) Burial (Specify) 4-17-1968 National Memorial Park Falls Church

ADDRESS

4217 9th St., N.W.

REGISTRARY 968 St. RECENTAGE STO

VR A15 (4) 30M REV. 1/68 FUNERAL DIRECTOR

Goldberg Funeral Home



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN 1 DECEASED-NAME First Middle TH DEPT. Lost Month 2b. HOUR Yeor (Type or Print) 0F ESTI-JOSEPH STOLZ 1968 5:25 DEATH MATED IF UNDER 1 YEAR IF JINDER 24 HRS 4. RACE S DATE OF BIRTH & AGE (In years 3 SEX 2c. DATE PRONOUNCED DEAD 2d HOUR HOURS iast birthday) Doy 11/16/88 Male White 70 B.RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TINEVER MARRIED 9 COUNTY OF DEATH U.S.A. DIVORCED [Germany WIDOWED 🏋 Montgomery Give Pages Stat 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of work done haurs after death 26 KIND OF BUSINESS OR be forwarded to the Chief Medical Examiner's Office along with give street oddress) during most of working life, even if retired.) INDUSTRY land2 with the Cross Hosp. Silver Spring Fireman Railroad 130 USJAL RESIDENCE (Where deceased lived, finishtation Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Montgy odmission) STATE Superior St Rockville ofter (Middle 15, MOTHER S MAIDEN NAME 14 FATHER'S NAME Inst Stolz certificate shauld be executed within 24 Caroline hours Henry pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 11722 17 INFORMANT Daughter. pencil (Yes, no, or unknown) (III yes give war or dotes of service) 16-4/33 Mrs. Frances Corbin Wheaton 100 Nο APPROKIMATE NTERVAL event within 18 CAUSE OF DEATH (Enter only one cause per BETWEEN ONSET AND DEATH pending PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO. OR/AS A CONSEQUENCE OF burial-transit Conditions, illiony, which gove rise to immediate couse (a), writing the ward AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED/TO/THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) \Box SS used 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES [be 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ifem 18.) 3 should 4 shaufd MEDICAL PRIMARY TOR CONTRIBUTING HOUR A.M. crematian, SICAL EXAMINER: CAUSE OF DEATH PM 21d INJURY OCCURRED 21e PLACE OF INJURY (At nome, form, street 21F LOCATION Street or R.F.D. No. City or Town County State loctory, office building, etc.) DIRECTOR: Page WHILE NOT WHILE AT WORK Page 220. I certify that I took charge of the remains described above, field on Autopsy Inspection Inquiry ond in my opinion Notural couses X death resulted from Accident Suicide. Homicide Undetermined monner CHIEF MEDICAL EXAMINER pflor ACTUAL FUNERAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE. necessary, O DEPUT 5 may 70 FUNE Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BUR AL CREMATION. 23d LOCATION (City or Town) (County) VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				(ERTIFIC	ATE OF DEATH			1,	1001	3
	CEASED-NAME	First		Middle		Last	2a. DA	TE OF OEATH	Day	Vonk	2b. HOUR
(1)	ype or print)	Joseph		F.		TROUD		APRIL	54	Year A	730P H
3. SE	χ		4. RACE		1	S. DATE OF BIRTH	0.04	6. AGE (In years	1F J		IF UNDER 24 HRS HOURS M.N.
	Male			√hite		March 21,			YRS 3	8	
7o. B caun	BIRTHPLACE (Stote try) Engla	or foreign 7	Canal		8. MARRIEO [WIDOWED [NEVER MARRIEO DIVORCED DIVORCED		ontgomery			Md
10. C	B JUL	DEATH	give	name of Hospital or INS street address) 7560 Sprir	ig Lak	e Drive Re	DAL OCCUPA nost of wor tire	ATION (Kind of wark d rking life, even if retir El	ed) 1	26. KIND OF B NOUSTRY DIASS	BUSINESS OR design
i3a. admi:	USUAL RESIDENCE ission) STATE	d.	lived, if institution 13b. COUNTY	non: Residence before Iontgoriery	Bethes	town 13d inside city		3e. STREET AND NUMBE 1560 Sprin		ke Dr	
14. F	ATHER'S NAME	First	Middle	Last		MOTHER'S MAIDEN NAME	First	Midd	le		Lost
		Unk	nown			Ţ	Unkno	own			
160. Ye	WAS DECEASED E	VER IN U.S. ARME		16b. SOCIAL SECURITY N 217 48 22	73	FORMANT eggy Halmst	edt-	daughter	ss - Set	ne it	m 1/2 1
	150	ny, which gave) ate cause (a),	OUE TO, OR (b)	AS A CONSEQUENCE OF	AGE	AL CAR	CIN	0 M 47		GM0	MIRZ
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
CERTIFICATION	19o. DATE OF OPE	DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FIND CAUSES OF DEATH?							NGS CONS!	DERED IN CE	RTIFYING
₹	OR CONTR BUTIN	WAS UNDERLYING CAUSE DE DEATH medicol exomine	HOUR A.M.	Month Doy Year		W INJURY OCCURRED (Ente	er nature a	finjury in Part 1 ar Po	rt 2, Item	18.)	
	21d. INJURY OC While Nat v	(URRED 21e. P		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LO	CATION Street or R F.D. No		City or Town		conty	Stole
	22a. I certif saw the causes	y that (1) (this deceosed oliv stoted above,	haspital) ati ve an_ (I) (ve)(did)	tended the decease (did not) view the	ed, fram 9 6 , and bady after d		oinion de	ath occurred an th	, 19 e dote d	, that and hour o	(I) (we) los and fram the
	22b. SIGNATURE 22d. PHYSICIAN		3.14	1 lt form	D DEGR	22e. ADDRESS	MED DIRECTOR		22c DATE	APRI	L 68
	NAME (Typ	Franci	s D.	Threadgil.	1	2552	L M	H55- 74	· N.	J WA	5H 0/
230.	BURIAL, CREMAT REMOVAL (Speci	ion, 235 04	TE/68	23c NAME OF Cedar	CEMETERY OR Hill	CREMATORY	23d 10 Pr	CATION (City or Town)	/O ((ounty) Maryl	(State) and
	yson //		uneral	Home Roc	ol Roc ckvill	e, Md DATE N	BY REGISTI	1 1968 REGIST	RAP'S SIGI	VATURE OF	udgen

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Forestand be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours at Page 4 may be retained by the haspital ar attending physician. VR ATS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle last 2g. DATE OF DEATH 2b. HOUR A 1. DECEASED-NAME First requires that the death certificate be executed within 24 haurs after death. Manth (Type or print) Clifford Grady Sumner, Jr. 9:40 4 IF UNDER 24 HRS. S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years 4 RACE 3. SEX DAYS HOURS last_birthday) MONTHS the attending physician and completely filled in by the isst permit. Then please remave carban papers. Pages matian, at removal, and in any event, within 72 haurs aft 6 July 1948 White Male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) WIDOWED [] DIVORCED [USA Montgomery Florida 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired)
Student give street address)
The Clinical Center, NIH INDUSTRY Bethesda 130 USJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY admission) STATE YES X NO -1206 33rd Avenue Florida Tampa 15. MOTHER S MAIDEN NAME First Middle 14 FATHER'S NAME First Middle Hiers Clifford Juanita signed by the attending physician an burial-transit permit. Then please 19 burial, crematian, ar removal, and in Grady Sumner, Sr. 166 SOCIAL SECURITY NO. 17 INFORMANT The Medical Record 16g, WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, p.g., or unknown) (If yes give wer or dates of service) Yes no, ar unknawn) The Clinical Center, Bethesda, Maryland 266-82-2666 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Gram negat BETWEEN ONSET AND DEATH Gram negative spetidemia/ septicemia hours DUE TO, OR AS A CONSEQUENCE OF Conditions if any, which gave) Acute lymphocytic leukemia vear nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Acute hemorrhagic necrotizing esophagitis has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🔯 NO 🖂 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) O FUNERAL DIRECTOR: After this certificate by the haspital ar 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, nat.fy medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State 21d INJURY OCCURRED While Nat while at work 220. I certify that (I) (this haspitol) attended the deceased from 22 March , 1968, to 17 April , 1968, that (A) (we) lost saw the deceased alive an 17 April 1968, and that in (A) (our) opinion death occurred on the date and haur and from the couses stated above, (A) (we) (did) (A) (New Yew the bady after death. director, page 3 shauld shauld be filed with the 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 17 April 1968 PHYS. 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN S NAME (Type) David L. Lilien, M.D. Institutes of Health, Bethesda, Maryland 23d. LOCATION (City or Town) 23a. BUR AL, CREMATION, REMOVAL (Specify) Bilelal 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23b DATE Hillsbourgh Cty Flordia Garden of Memories 4-20-68 A Pumphrey 7557 ADDRESCONSIN AV 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

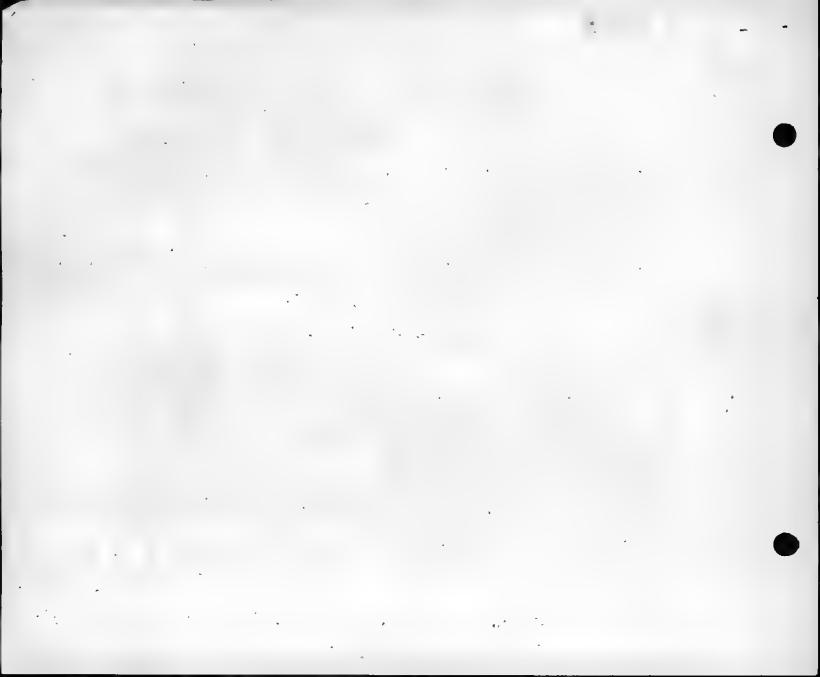
Bethesda, Md

DATE

1968

VR A15 (4)

30M REV 1/68



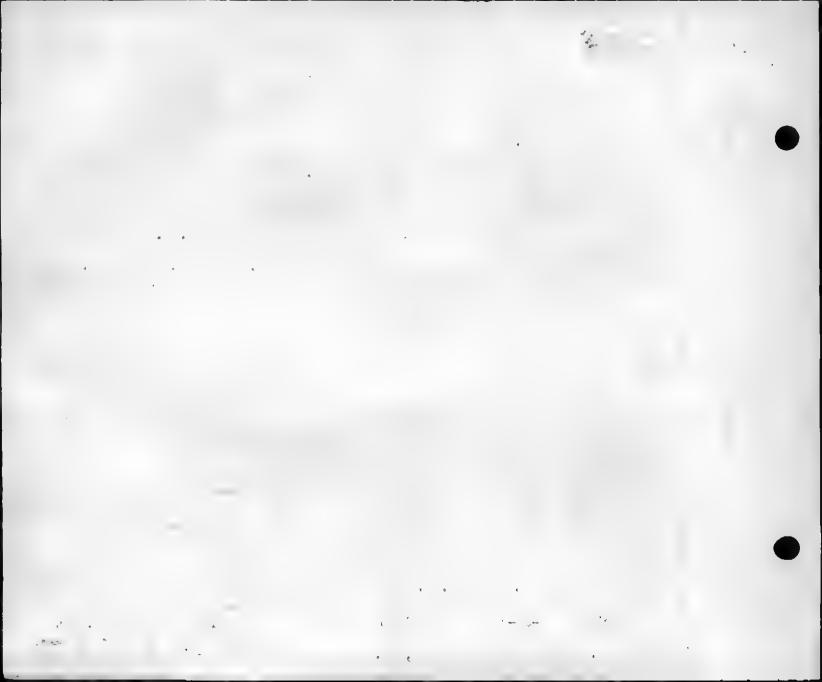
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00070 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR (Type or print) Clara Swanson SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) MONTHS HOURS Gemale White requires that the death certificate be executed within 24 hours physicion and completely filled in by en please remave carbon papers P 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED bon papers within 72 h country) Lafauette. WIDOWED TX DIVORCED [Montaomeru 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during mast af working life, even if retired.) guye street address), Kickner Kensington Hall Nursina Home douremite 13a, USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Montgomery odmission) STATE Wheaton aruland 14. FATHER'S NAME First Middle Last 1S. MOTHER S MAIDEN NAME First Last Williams Joseph 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na. ar upknawn) Laude Swanson ary Jerrace 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) erebro-vascular accident burial-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Arterco sclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at wark 220. I certify that (I) (this hospital) ottended the deceosed from 1913, 19, ta 4-29, 1968, that (I) (we) last saw the deceased alive on 4-3, 1968, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated abaye, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE director, poge should be filed DIRECTOR SAMUEL A. HILL MAN PHYSICIAN'S NAME (Type) CLUER 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION (County) (State) REMOVAL (Specify) Arlington. Virginia Arlinaton National Cem. 2Sa. REC'DEBY AREGISTRAR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35974 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH First The law requires that the death certificate be executed within 24 hours after death. 2b. HOUR physician and completely filled in by the funeral (Type or print) Month clessie Chang de 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) DáyS HOURS white 9-1-1879 temale papers. Pr 7c BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) Towa MARRIED NEVER MARRIED WIDOWED A DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street oddress) Althrea Woodland Norsing during most of working life, even if retired) 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY event, 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c. CITY OR TOWN 13d INSIDE CIEX JAMITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY YES V NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle signed by the attending physician c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) (If yes give war or dates of service) 574-6078-06 MtVernon APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A GONSPQUENCE OF Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. 4200 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) of Health prior to O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X USe 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) detached far by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote **Eity or Town** County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on 27 - 27 - 1968, at 1960, and that in (my) four apinion death occurred an the date and hour and from the be retained causes stoted abave, (1) (we) (did) (did not) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING STAFF director, page 3 should be filed v DIRECTOR PHYS. PHYS PHYSICIAN S 22e. ADDRESS NAME (Type) Robe 1835 EHE JOGREN 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Removar Burial Apr.27 Lincoln Memorial Park Lincoln Nebrasia REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. VR A15 (4) 30M REV. 1/68 5180 Wisconsin Ave. Washington, D.C. 20016



± 1	Tta 400	15 10, 61, 82a film #MARYLAND STATE DEPARTMENT OF HEALTH	*
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 170
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a DATE KNOWNEX Month	
12 5 5 5 V	1	Type or Print) Bichard Bentley Thomas, III DEATH MATED 1.	70 19 6R M
Page 3 to	3. S	EX 4. RACE . S. DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 22 DATE PRONOUNCED DEAD	2d HOUR
9 34		Male white 9/24/37 30 yrs Months DAYS MAN ADDI1 Pay	Year 168 11:1M
E 7		BIRTHPLACE (Stote or foreign 75 CFTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
8.3	_	Mary Land U.S.A. Monte Monte Monte	The Market of th
24 hours ofter death in Item 18. Give Pages r's Office along with to es I ond 2 with the Series are ofter death.	4	OTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if retired) 120. USUAL OCCUPATION (Kind of work dane during most of working life even if retired) 121 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life even if retired) 122 DEATH	IZE KIND OF BUSINESS OR INDUSTRY CTV CO
ffer Giv ong th t	130	USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	T U
s ofter 18. Giv e along 2 with 1 deoth.	0	odmission) STATE Saryland 13b COUNTY Sont governy Sandy Spring YES NO NO	
hours ofter tem 18. Gi Office along Tond 2 with offer death.	14. 1	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
ris O		Richard Bentley Thomas, Jr. Nancy R. M.	McCarty
ihin 24 incil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 1 PCOPS ADDRESS 17 INFORMANT 1 PCOPS ADDRESS	3
d within in pencil Examine File pogi		ves Hospital, Ciney	APPROXIMATE INTERVAL
be e≡ecuted within "pending" in pencil nief Medicol Exomine onsit permit. File pog- event within 72 hou		PART ! DEATH (Enter only one cause per line for (a), (b), and (c)) PART ! DEATH WAS CAUSED BY Multiple extreme injuries incurred in	BETWEEN ONSET AND DEATH
be e≡ecute "pending" ief Medicol nsit permit event with	1	IMMEDIATE CAUSE (o)	
e el pen ef M isit i	П	/ (5.() DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) auto accident	
only e	П	nse to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
showld be emecuted ne word "pending" is to the Chief Medicol buriot-tronsit permit.		lost.	
This certificate showld cate, writing the word be forwarded to the Cl be used as a buriol-tr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificate , writing the orwarded to used as a moval, and	NOI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
is certific te, writin forward forward e used o removal,	CERTIFICATION	WAS PERFORMED?	YES DE NO [7]
Thi ficate be d be		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1, or Part 2	
MINER: This certificate showed be executed within 24 hours after deather certificate, writing the word "pending" in pencil in Item 18. Give Per should be forwarded to the Chief Medical Examiner's Office along with the Should be used as burial-transit permit. File pages land 2 with the smattan, or removal, and in any event within 72 hours offer death.	MEDICAL	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 7:50 P.M. 4-19 1968 216 CUTVE 1 COVE 100 P.M. 4-19	
please execute the certificate, writing the word director. Page 4 should be forwarded to the Creating of the Creating for your files. DRECTOR: Page 3 should be used as a buriot-treating or to burial, cremation, or removal, and in any		21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f ±OCATION Street or R F D. No. City or Town factory, office building, etc.) Sandy rin;	County State M nt: MA
L EXA ecute Poge or you or you lad, cre		22a certify that I taak charge of the remains described above; held an Autopsy Inspection Inquiry	and in my apinian
ICAL E. to record to r. Poque of for cardingly.		death resulted from: Natural causes . Acident . Suicide . Hamicide . Undetermined manner	
ease birect fain to to		CHIEF MEDICAL EXAMINER	
		SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DAT	E SIGNED ,
TO DEPUTY DICAL EXAM necessory, please execute that the funeral director. Page 4 5 moy be retained for your for FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) Belden R. Reap, M. D. DEPUTY MEDICAL EXAMPLE ADDRESS Fine Type for county)	0/1968
5 = 4 S 5 = H	230	BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gry or Town)	(Caunty) (State)
2		REMOVAL (Specify) Burial 4-22-68 Friends Sandy Spring, 1	Mont. Md.
Es	/	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE
VR A15ME (5) 10M REV 1/68	F	rancis H. Barber Laytons ville, Md. DATEAPR 24 1968	10



DIVISION OF STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATI	E OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission
MCATCEMERY MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate Umits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lowp)
write RURAL and give neerest town)	D + I = I
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	ON A FARM
	10126 PARK WOOL CARRICK YES NO F
DECEASED	OF
(Type or print) NETTIE IN AF Themp	36.76
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HR. lest birthdey) Months Deys Hours Min.
emalt wh. Te WIDOWED DIVORCED	NOV 4,1883 82 vrs.
e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST one during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTS
HOUSEWITE	FULTON COONTY ChIC USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB HARGER	SARALJANE WOODRING
S. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (es, no, of unknown) (Ifyesgivewerordetesofservice)	INFORMENT Address
NO 296-34-65/2-M1	RS RASOOLISAC. d 10126 PARAGOOD TEREM
18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASC (D)	Congrate i heart le la ONSET AND DEATH
4139 DUE TO	of the same
Contract to the same of the sa	
gave rise to immediate couse	
(e), stating the underlying DUE TO	
COURSE LOST. (c) PART III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20b. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20- ACCIDENT WAS INDESTINANCED IN THE DESCRIPTION OF THE PARTY IN THE	YES NO NEED, (Enter nature of injury in Part I or Part II of item 18.)
20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCURIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SELV. LENIER RETURN OF INJURY IN PART I OF PERT II OF HER IS.
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL While Not While fe	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from	Opril , 1967, to 4 19 , 1908, that (1) (we) 1
saw the deceased alive on	t death occurred a H.P.M., from the causes and on the date stated above
22e. SIGNATURE	22b. DATI
Soul & Elener	M.D. PHYS. DIRECTOR PHYS. SIGN
22c. PHYSICIAN'S	22d. ADDRESS
NAME (TYPA) SARAH E GLOVER	10128 CEDAR LANE RENSINGTON MO
38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) Durial 4-22-68 Amboy Town	ship Cem. Metamora, Ohio
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHRIY, Bethesda, Mar	yland DATE APR 23 1968 Actionles Judge
	Total Control of the
	APR 2 3 1968 Actionly Judge



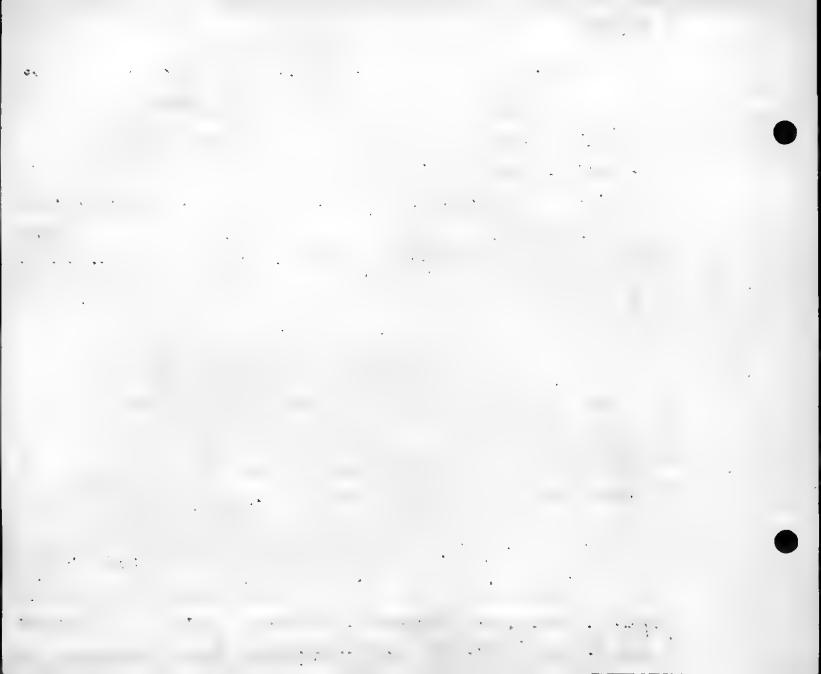
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle lost 20. DATE OF DEATH First 2b HOUR (Type or print) Month Yeor ond completely filled in by the funeral remove carbon papers. Pages I and requires that the death certificate be executed within 24 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS Jours of WHITE MALE 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED M NEVER MARRIED WIDOWED [DIVORCED [MONT GOMERY burial, cremotion, ar removal, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (King of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired | INDUSTRY Accountant Retired Gov. 7. the attending physician and completely fist permit. Then please remove carbon BeThesda 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN odmission) STATE 13b. COUNTY 563 So, Leisure Wocks 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle mc CORMIC I 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 3563 Leasure Worl 16b. SOCIAL SECURITY NO. 17. INFORMANT World Yes, no or unknown) (If yes give year or dates of service) ALMA 220-44-2749 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY: signad by the buriol-tronsit p Conditions, if ony, which gave) my ocardia rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIFFCTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to 19o. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO TA YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED
While Not while of work 21e PLACE OF INJURY City or Town County Stote 22a. I certify that (1) (this haspital) attended the deceased from MAR. 27, 19.68, ta 14 19 6 7, and that in (my) (our) opinion deoth occurred on the dote and hour and from the APR saw the deceased alive oncauses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR M D DEGREE PHYS **PHYS** 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 8 WISCONSIN 23a. BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Surval (Specify) Parklawn Cemetery Rockville, Maryland Glen Carteby 34 Debrgia Avenue. Silver Spring. Md. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV Pumphrey. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH M ddle Last 2g. DATE OF DEATH 2b. HOUR DECEASED-NAME First (Type or print) APRIL Manth 10 1968 P. TOLLIS David 600A N 4. RACE S DATE OF BIRTH 6. AGE (In years RE UNDER I YEAR F JHOER 24 HRS low requires that the death certificate be executed within 24 haurs after 3. SEX last birthday) Caucasian Jan.2.1914 Male 70. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | New York USA Montgomery WIDOWED K DIVORCED [signed by the attending physician and completely filled buriol-transit permit. Then please remave corbon addeduriol, cremation, or removal, and in any event, within a 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY Hospital Bethesda ENGINEER-13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CETY LIMITS? ddmission) STATE Maryland 13b. COUNTY YES NO TO Montgomery Kensington 10225 Kensington Parkway 14. FATHER'S NAME Middle Middle Lost 15. MOTHER'S MA, DEN NAME First TOLLIS Vincent Libratore 16b SOCIAL SECURITY NO 17 INFORMANT Maywood. New Jerseyddress 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Beta T. Mauer, 26 East Spring Valley CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Peritonitis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave t rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspitol or ottending as the prior to has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🕞 YES 🗔 far use Health TO HOSPITAL OR ATTENDING PHYSICIAN: T Page 4 may be retained by the haspitol or in TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION Street or R.F.D No. State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from March 21 , 19 68 , ta April 10, 19 68 , that (1) (we) last saw the deceased alive an April 10 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS April 11, 1968 director, page 3 should be filed v DEGREE PHYS 22e ADDRESS 22d PHYSICIAN'S W. Virgilio, M. D. NAME (Type) Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (Stote) Arlington National Cemetery Arlington REMOVAR (Spring) Virginia Home ADDRESS 25b REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 2222 Wisconsin Ave., N.W., Washington, D. C. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR hours after death (Type or print) 945AN 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jost birthday) White 10-23 MAIC please remave carbon papers. Pag I, and in any event, within 72 hours 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED WIDOWED DIVORCED requires that the death certificate be executed within 24 signed by the attending physician and campletely filled burial-transit permit. Then please remave carbon pape 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION Kind of work one 12b KIND OF BUSINESS OR during mast af warking life, even if retired.) INDUSTRY SILVER SPRINGS 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER. 13d INSIDE CITY LUMITS? admission) STATE 14 FATHER'S NAME M'ddle Jurney Naomi Edward 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, pa, ar unknawn) Marion A. Jurney 9523 Bruce Dr .. 216-44-6626 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND CEATH PART 1. DEATH WAS CAUSED BY: w Da IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, it any, which gave cars rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) ed far use as the L . af Health priar ta b O FUNERAL DIRECTOR: After this certificate has been malemesis 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street of R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from March 21, 1965, ta April 3, 1965, that (I) (we) last saw the deceased alive an April 3, 1965, and that in (my) (our) apinian death occurred an the date and hour and from the be retained causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c, DATE SIGNED ATTENDING PHYS. MED DIRECTOR director, page 3 shauld be filed DEGREE 22d. PHYSECIAN'S 22e ADDRESS NAME (Type) 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) REMOVAL (Specify) Crantord Mem. Church Cem 2Sa RECD BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 8434 Ga. Ave., 30M REV 1/68 Pumphrey.



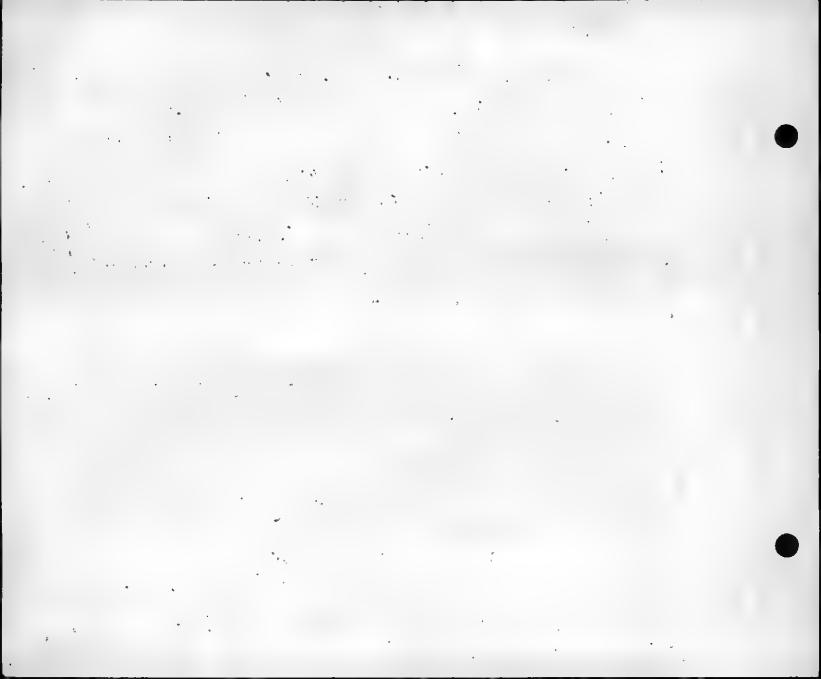
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35982 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 2o. DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR last birthdoy) HOURS Nov. 14-1880 emale 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? signed by the ottending physicion o⊡d completely fillld in bj buriol-transit permit. Then please remove corbon papers. NEVER MARRIED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION Hand at wark done 2b KIND OF BUSINESS OR during may af wasking life, even if retired.) give street oddress) Kensington-13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE | 13b. COUNTY 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? aspiretton and in any 14. FATHER S NAME 1S. MOTHER'S MAIDEN NAME First Middle URNER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) or removol, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter any one couse per line far (a), (b), and (c). BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremotion, Conditions, if any, which gave rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending | ror use os the t f Heolth prior to b Page 4 may be retained by the hospital or attending IO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES 🔲 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M be detoched (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from \$2-19, 1963 to \$4-30, 1968, that (I) (me) last saw the deceased alive an \$4-27, 1968, and that in (my) (sw) opinion death occurred on the date and have and from the causes stoted obove, (I) (was) (did) (didnet) view the body ofter death IGNATURE 22c. DATE SIGNED **ATTENDING** PHYS. director, poge should be filled PHYS DIRECTOR PHYSICIAN S 22e ADDRESS NAME (Type) Geo F. Sengstack 9241. Columbia Blvd 23a, BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specif Cremation Lee's Washington ADDRESS 250 REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 1968 Lee Funeral Home. 300. Ath st N E

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 00078 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00380 2a. DATE OF DEATH 1. DECEASED-NAME Earst Middle Lost 2b. HOUR 24 hours after death. Month (Type or print) UGARTE PETTE APRIL 6. AGE (In years last birthday) 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR MONTHS HOURS DEMATE CAUCASTAN JUNE 8. 43 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED [DIVORCED | VIRGINIA UNTTED STATES MONTGOMERY the ottending physicion ond completely filled sit permit. Then pleose remove corbon pdd 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of working life, even if retired) INDUSTRY BETHESDA BETHESDA event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Jac CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE VIRGINI 13b. COUNTY MANASSAS yno ni buo 15. MOTHER S MAIDEN NAME First Muddle 14. FATHER'S NAME Middle First Lost CHARLES CONKLIN UNKNOWN 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, ar unknawn) 361 MANASSES JUAN UGARTE HNKNOWN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Squamous cell carcinoma of the right lung with buriol-transit permit. IMMEDIATE CAUSE (a) widespread metastases DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been d far use os the of Heolth prior to 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES AT NO 🔲 O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21e. PLACE OF INJURY State 21f LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram APRTL 8, 19, 68, ta_APRTL 10, 19, 68, that (II) (we) last saw the deceased alive an APRTL 10 19, 68, and that in (XX) (aur) apinion death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (III) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE 11 Apr. 1968 **ATTENDING** MED DIRECTOR director, page 3 should be filed v DEGREE PHYS PHYSICIAN S 22e. ADDRESS NAME (Type) Naval Hospital, Bethesda, Md. Mitchell Mills. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b. DATE 23d LOCATION (City or Town) (State) (County) BURIAL (Specify) 1968 NATTONAL MEMORIAL PARK 24. FUNERAL DIRECTOR MANASSES. VIRGINIA VR A15 (4) 30M REV 1/68 DATE APIN 16 1988 BAKER FUNERAL HOME: 314 N. WEST ST.





MARYLAND STATE DEPARTMENT OF HEALTH

30.30

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15985

1968

MAY

			•	CIVILIA	AIL VI	DEATH			₩ Y	A ST CALL
	Bearing to the series	rst	Middle		Lost		2a DATE OF	DEATH Manth	Davis Van-	2b. HOUR
1	Type or print)	eacy Leonor	VELEZ				A	pril	27 1968	8:40PM
3 5		4. RACE			S. DATE OF BI	RTH		3 AGE (In years last birthday)		IF JNDER 24 HRS.
-	Female	Cauc		3	MARCH 1	. 1968		last pirinady)	YRS. 01 27	
G.	BIRTHPLACE (State or foreign	76 CHIZEN OF WHAT	COUNTRY?		NEVER MAR		COUNTY OF	DEATH		
(au	ntry) Delaware	America		WIDOWED		CED [Montgo	mover		bM
0.	CITY OR TOWN OF DEATH	11 NAM	E OF HOSPITAL OR INS	TITUTION (If n	at in haspital		OCCUPATION	(Kind of work de		F BUSINESS OR
•	11. 1		eet address)	7 27	-44-9	during ma	st of warking	life, even if retire	ed.) INDUSTRY	
13n	ethesda USUAL RESIDENCE (Where dec	eased lived of institution	Residence before	13c CITY OF	TOWN	136. INSIDE CITY LIM	1175? 13e. ST	REET AND NUMBER	1	
adm	ussion) STATE	135 COUNTY	0/	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES NO				
1.6	FATHER'S NAME FIRST	Middle	Lost	Doyer.	MOTHER'S MA	AIDEN NAME Fir		S. New Middle		Last
141.				l'	1 MOTHER 2 MP					6441
14.	Agusto . WAS DECEASED EVER IN U.S.	(n)	6b. SOCIAL SECURITY N	IO 17	INFORMANT	Pati	<u>ricia</u>	Addres	CLANCY	
	Yes, no, or unknown) (If yes g	rve war or dates af service)				T 20 33/	r #1 161.			
_	NO	NA	NA		DSTO VE	LEZ II	S NE	W Stap De	over Dela	X.MATE INTERVAL
	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	anly one couse per line	for (a), (b), and (c)	Hoort	Discont	o. Tret	omronts	ma Functor	BETWEEN	ONSET AND DEATH
	IMMI	USED BY CC EDIATE CAUSE (6)	Menrer	TICAL C	DI Tota	TIIU	CT ACII O	s Type);		
	1:62	· ·	A CONSEQUENCE OF							
	Conditions, if any, which go			Pred	uctal (Coarcta	tion,	Aorta		
	rise to immediate couse (a stating the underlying cou		A CONSEQUENCE OF							
	last.	(c)								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED T	O THE TERMINA	L DISEASE OR CO	ONDITION GIVE	N IN PART 1(o)		
200	7 4									
CERTIFICATION	190. DATE OF OPERATION	95 CONDITION FOR WHICH	H OPERATION WAS PE	REORMED	20a. AUTO	b2A3			IGS CONSIDERED IN	CERTIFYING
IFIC	April 27,19	68 Severe	Congenit	al Hea	rt yes [7]	NO 🗀	CAUSES	OF DEATH?	Yes	
CERT	2)a. ACCIDENT WAS UNDER						nature of injur	y in Part 1 ar Por	rt 2. Item 1B.)	
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	Month Day Year			,		,		
MEDICAL	flf either, notify medical exc 21d INJURY OCCURRED 1	gminer) P.M.	T NOME SARM STREET FAC	TORY \ 914 II	OCATION Street	t or DED. No.	City	ar Tawn	County	State
٠.	***************************************	TE PLACE OF INJURY (FFICE MUNLDING, ETC.	Jan. J 211 U	DCATION SITES	i di K.P.D. No.	City	or rown	County	21016
		7.1.1. 1. 1. 15 (S.	1 1 1	1.5	A 2007 1 1 1	PZ 10° C	0 40	//www.ii / 07	10 69 46	4 303 () (
	22a. I certify that (X) saw the deceased	(this hospital Agree	ded the decease	ed from 9.68 an	d that in 06		nian death a	recurred on the	e date and hau	rand from the
	couses stoted ob	ove, () (we) (did) (d	lidenath view the	body after	death.	14) (doi) apin	iidii dediii (acconted an in	e date dila ilab	and nom me
	22b. SIGNATURE	0 70	101010	7 -7					22c. DATE SIGNED	-
	3- Bloson	lez		DEG	ATTENDIA Ree Phys.	IG ME	ED. RECTOR	STAFF PHYS.	April 29	1968
	22d. PHYSICIAN'S				22e, ADD		ALL TON	111132 44		, 2,00
	ALABAT (T a)	E. Beasley	7 M. D.		NAV.	AL HOSF	PITAL.	BETHESDA	A, MARYLA	ND
22-		3b DATE	23c NAME OF	CEMETERY OF				ON (City or Town)		(State)
230	Daniela, a called the contract of	5-1-68			TIONAL					(2, a, a)
24	FUNERAL DIRECTOR	7-1-00	ADDRESS			2Sa. REC'D BY	PEGISTRAP	25h REGISTE	VTRGINIA RAR'S SIGNATURE	0
24.	Robert A. Pi	umnhrest 755						1968	Minutes	Joedge
4	MODGE O We T		1 HEROCOTTO	CHEST TEAL	2 4 700 0 61	ITUALE N	741	. 1300	17	// 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papershould be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 Page 4 moy be retained by the hospital or attending physicion.

after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME First 20 DATE KNOWN (Type or Print) ESTI Poge DEATH MATED IF JINDER 24 HRS 4 RACE 2c. DATE PRONOUNCED DEAD 2d HOUR partment 3. SEX PM3. Yeor August 27.1898-76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1 DIVORCED [Mary an 120. USUAL OCCUPATION (Kind of work done 12b KIND OF 8L' sur pg mast of working if even the lired) WPL STRY Western 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital TO CITY OR TOWN OF DEATH give street oddress); with the deoth. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13b COUNTY odmission) STATE lond 2 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME /Nalle hours pencil 16b SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no, prunknown) File 577-07-8671 within 18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DLE TO, OR AS A CONSEQUENCE OF Cond t ons, if ony, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? NO DE pe should be 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 2 o EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year HOUR A.M PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry and in my opinion death resulted from: Suicide . Natural causes Accident Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER EXAMINER'S Heolth NAME (Type) Rogers ADDRESS(Street, city, town, or county) 0 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Rockville. Maryland VR A) 5ME (5)



1	1 5	to a film 40 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	31
HEALTH DEPT		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
Poge Poge	L'	Fannie Elisabelh Will DEATH MATED & 9	26 1968 10 A
	3. 5	and hydrodianal MONTAGE MOVING MILE	2d HOUF
ny delo		1- W. APF1/28/7/1 48 YRS 100 26	5 Yeor 1968 3 35
		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED	
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after death any de B. Give Pages 1, 2, and atong with farm PM3. with the State Dispartmenth.		Reckuille give street address 4 Neil Wood Da, during most of working ite even fretired)	INOUSTRY
of of wi	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UNITED 13d. STREET AND NUMBER dmission) STATE Mary 211 13b COUNTY Went games & Rockfille YES IN NO 1 6004 Neil was	d Dr.
I haurs Office I mnd 2 after d	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
		11. 11 6 W. W. N 73111111 10 11 1 2 1 2 N	
d1 em ⊃		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no. or unknown) (fyes give wer or odotes of service) 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	1 1- 1-
d within in pencil Examine File pag	\\	(14s dise me at anies at service)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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be executed "pending" in nief Medical E		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) / Maddad Cardiac Arrest	ธน ไม้สก
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hief dis		Conditions, if ony, which gove inse to immediate couse (o). (b) Focal Myocarditis	5 days
shauld e ward a the Cl ourial-tra		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief! burial-transit		lost. (t)	
무= 등 이 이		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
rifico rifing rarde d as	NO.	190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
5 7 L /	CERTIFICATION	WAS PERFORMED?	
	FR	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter not are of injury in Port 1 or Port 2, Item	YES X NO
	18	PRIMARY OR CONTRIBUTING HOUR A.M.	H 10 J
NEI NEI Sparties Sparties africe	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (rty or Town)	County State
EXAMINER: cute the certifage 4 shauld ryour files. Page 3 shauld tryour files. Page 3 shauld tryour files.		WRILE NOT WHILE Coctory, office building, etc.)	3016
Page Till Eight	1	22a. I certify that I taak charge of the remains described abave, held an Autapsy 💢 Inspection 🖄, Inquiry 🔀	and in my opniar
ical I		death resulted from: Natural causes 🗵, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner [Ì
ITY SIC.		CHIEF MEDICAL EXAMINER	
ry, ple eral di be rett RAL Prior		SIGNATURE John J. 13all M.D. ASSISTANT MED CAL EXAMINER 22b DATE SI	
DEPUTY RESSARY, P e funeral may be r IUNERAL	1	EXAMINER'S DEPUTY MEDICAL EXAMINER DE CASAMINER	727,1968
TO DEPUTY Discovery please the funeral direct. S may be retained from the full beauty by the first prior to be		NAME (Type) S) 0/1/2 (2, 1-) ALL ADDRESS(Street, city, town, or county)	
5 c = 2 E =	230	REMOVAL (Specify)	(County) (Stote)
	24	Liverte bottom of 1145 NO-KYALL OF HELLS CAR	Constitution
VR A15ME (5)		FUNERAL DIRECTOR yson Wheeler F.H. 1331 Rockville Pk. DATE APR 29 1968	THE GOLD STREET
10M REV. 1/68		Rockville, Maryland	00

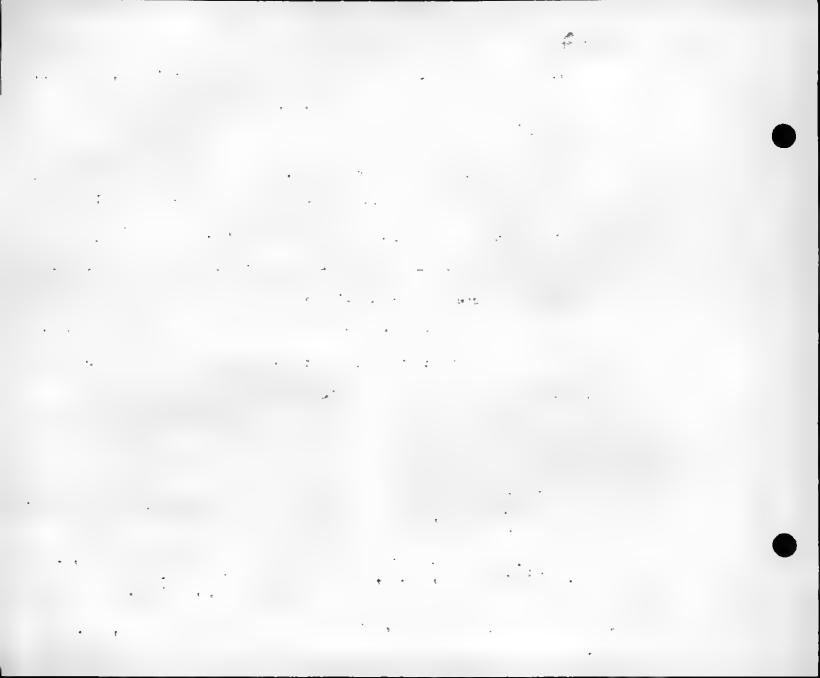


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR death. (Type or print) and Month Beatrice no middle name Washington 1968 A RACE 3. SEX S. DATE OF BIRTH AGE (in years IF UNDER 1 YEAR IF UNDER last birthday) 7/18/1892 75 Female Negro 9. COUNTY OF DEATH Montgomery 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) WIDOWED [7] DIVORCED | Washington, DC USA X股底沟的太阳型 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired.) INDUSTRY carban ī the attending physician and campletely sit permit. Then please remave carban Wheaton University Nursing Home Domestic worker 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 134 INSIDE CITY JANUS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES [7] No 🗀 Route 1. Box 86 Maryland Indian Head 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Ξ John Craio Martha (no middle name) Briscoe and 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or unknown? (It was give war or dates of service) ar remayal, ก็ต APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter any one couse per one for (a)-y(b) and (a): BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) crematian, DUE TO, OR AS A CONSEQUENCE OF burial-transit p burial, cremation Conditions, if any, which gave t rise to immediate couse (a) þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o) priar ta O FUNERAL DIRECTOR: After this certificate has been the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20n. AUTOPSY? as CAUSES OF DEATH? NO 17 YES [21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year a, (If either, notify medical exominer) P.M. detached 21d. INWRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town State Caunty While Nat while ATTENDING 22a. I certify that (I) (this haspital) extended the deceased from ., that (1) (we) last 20 19 67, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. be retained (did (did not) view the bady after death. causes stated above. (1) 22b. SIGNATURE director, page 3 shauld be filed v DIRECTOR ro HOSPITAL (Page 4 may b 22e. ADDRESS 22d, PHYSICIAN'S 4601 Nichols Ave., SW, Wash., DC Henry Hadley. M.D. 23a BURIA. CREMATION 23c NAME/DF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. VR A15 (4) DATEAPR 1968 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR . Maurs ofter death (Type or print) April William 11,1968 Granville Watkins :00 M 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) DAYS HOURS Aug. 8, 1907 Male White physician and campletely filled in by 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED (country) Maryland signed by the attending physician and campletely filled in burial-transit permit. Then please remave carban papers: burial, crematian, ar remaval, and in any event, within 72 h USA DIVORCED KT WIDOWED | Montgomery 24, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
Montgomery Gen. Hosp during most of working life, even if retired.) INDUSTRY Farming Olney 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odm.ssion) STATE Maryland 13b COUNTY Montgomery RFD # 1, Box 143 NO_Z YES 🖂 Germantown 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Garrett Webster Watkins Vertie L. Mullinix 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) William E. Watkins, Germantown, Md. 217-36-7106 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Congestive Heart Failure 6 months DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease 10 years Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse (d) Advanced Generalized Arteriosclerosis 10 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the Diverticulitis of Sigmoid Colon with Hemorrhage has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes None YES 🔀 NO T O FUNERAL DIRECTOR: After this certificate 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work No injury 22a. I certify that (I) (the baseital) attended the deceased from 1935 saw the deceased alive an April 11, 1998, ond that in 19 ____ taApril 11, 1968 _, and that in (my) (807) opinion death occurred an the date and have and from the shauld causes stoted above, (1) (We) (did) (did not) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR ☐ April 12. 1968 directar, page 3 shauld be filed v PHYS 22e. ADDRESS 9701 Church Street M. McKendree Boyer. 22d. PHYSICIAN'S NAME (Type) Damascus, Maryland 23d. LOCATION (City of Town) 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Salem Meth. Cedar Grove 24 FUNERAL DIRECTOR 2So. RECD BY REGISTRAR VR A15 (4) 30M REV 1/68 Olin L. Molesworth, Damascus, Md.



Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detoched for use as the burial-transit permit. Then please remove carban papers, ages should he filed with the State Deat of Health aniar to burial, cremotion, or removal, and in any event, within 72 hauster.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

VR AT

	EASED-NAME First , Middle Last 20. DATE OF DEATH 26 HOUR
(1	be or print) Box facing (Dane) (bi-face) (Dane) (Month Doy Year 4/9 M
3. 58	4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthaay) Moniths Day's Hours Min
	emale UT, te 4-5-82 86 YRS.
7a.	RTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	Poland U.S.A. WIDOWED DIVORCED Montagnery Md
10 0	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR
-	give street address) / _ during most of working life, even if retired. / INDUSTRY
130	SUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE COPY LIMITS? 13e STREET AND NUMBER
odm	ion) STATE . (13h. COUNTY)
\vdash	Maryland montannery Short July - 101 Fix Cola GO
14. 1	THER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	MORRIS CEFFOR
	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT
۱ ا	(no, or unknown) (If yes give war ar dates of service) (lashing from San + Hesa, so - Takona Park Ind
H	APPROXIMATE INTERVAL
	8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
1	IMMEDIATE CAUSE (0) A cute say or contil I family
Į.	4109 DUE TO, OR AS A CONSEQUENCE OF
1	anditions, if any, which gove) / A stem solution Conditions of Drawne Years
	ise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF
1	ast. (c)
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
1	PART 2 UTIEK SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
No	
ICATION	96. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFI	YES NO CAUSES OF DEATH?
8	Tal ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19
S.	
	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. Na. City at Tawn County Stote While of work of work Office Building, ETC.
	twork of work
	12a. I certify that (I) (this haspital) attended the deceased fram $4-25$, 19.64 , ta $4-20$, 19.64 , that (I) (we) last
1	saw the deceased olive an 17-27 1966, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the body after death.
1	DEGREE PHYS. DEGREE PHYS. DEGREE ATTENDING MED. DEGREE PHYS. DIRECTOR PHYS. 22c. DATE SIGNED 27. 796 50 29. 796 50
1	2d. PHYSICIAN'S NAME (Type) GENE U COHEN, M.D. 22e. ADDRESS 1106 SPRING ST.
	NAME (Type) () ENE U_ COHEN, M.D. SKUR SPRING MD. 20 910
230.	BURIA., CREMATION, 23b, DATE 23c NAME OF CEMETERY OR, CREMATORY 23d LOCATION (City or Town) (County) (Stote)
(SURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) 24moval (Special County) (Store) 22moval (Special County) (Store) 23d LOCATION (City or Town) (County) (County
24_	INFRAL DIRECTOR 250 REGISTRAR 25b. REGISTRAR SIGNATURE
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A . "	unuller 1025 Mighing the 2010 2 Date MAY 11 1968 Junter State



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Inst 2a DATE OF DEATH 2b. HOUR First (Type or print) Month Day. Year James Whittam IE UNDER 1 YEAR 1E UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years hin 72 haurs after last birthday) DAYS HOURS MONTHS White Male law requires that the death certificate be executed within 24 havr physician and campletely filled in by 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) please remaye carban papers. USA WIDOWED THE DIVORCED [mal and Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY 3 Olnev Montgomery General stodian event, 1 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 34 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b COUNTY Silver Spring KING Donna ontgomery and in any 14. FATHER'S NAME Middle IS. MOTHER S MAIDEN NAME First Middle First Last 16b. SOCIAL SECURITY NO Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? ledical Records Dept. Yes, na. ar unknawn) (If yes give war or dates of service) ar removal, Olney. 285-01-6900 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter anty one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY EMINA (IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar tak NEARCT 10 O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? NO V YES 🗀 USe by the haspital ar 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year 50 P,M (If either, natify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED County State City or Town While Nat while ATTENDING 22a. I certify that (1) (this hospital) attended the deceased from 11/6/65 19 (our) opinion deoth occurred an the date and hour and from the sow the deceased alive an. shauld be retained causes stated abave, (1) (we) (did) (did pat) view the bady after death. 22b. SIGNAZU 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE director, page should be filed PHYS Page 4 may PHYSICIAN S 22e, ADDRESS MAME (Type) 700 Cloverly. Silver Spring Donald 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town (County) 23a. BURIAL, CREMATION 23b. DATE BEMOVAL (Specify) 25a. REC'D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE VR A15 (4)

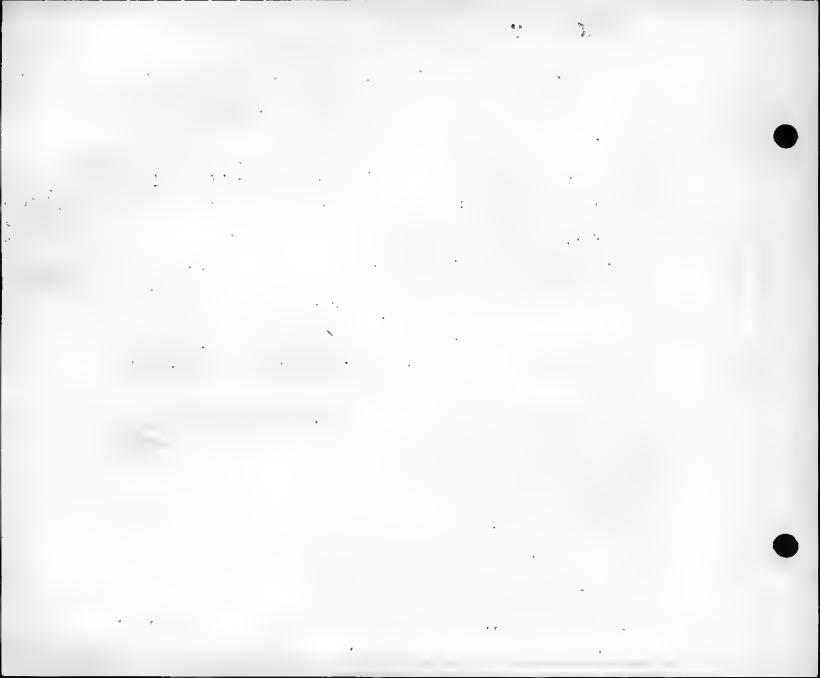
30M REV. 1/68

Mariles

1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECFASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HQUR death. (Type or print) Month TAMES lease remave carban papers. Pages I and in any event, within 72 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [pa []] 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most of working lyle, even if retired) the attending physician and completely. I seemit. Then please remave carban 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 136 CITY OR TOWN 138 INSIDE CITY JIMITS? requires that the death certificate be executed admission) STATE 13b COUNTY YES T NO [14. FATHER S NAME First Last 15. MOTHER'S MAIDEN NAME First 27. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Address Yes, np., or unknown) (If yes give you or dates of service) crematian, ar remaval, -16-56 APPROXIMAYE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line fat (a), (b), and (c).) BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave) burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause be detached far use as the burial-1 State Dept. of Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART #61 Page 4 may be retained by the haspital ar attending has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES V NO [this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY or contributing cause of death [If either, notify medical examiner] HOUR A.M Month Doy Year P.M. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Not while at work OR ATTENDING O FUNERAL DIRECTOR: After 22a. I certify that 🐪 (this haspital) attended the deceased fram 3-15-1966, to 922 5 saw the deceased alive on the dote and hour and from the causes stated abave, (I) (wet) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR directar, page 3 shauld be filed v -DEGREE PHYS 22d. PHYSICIAN S 22e. ADDRESS SPRING 57 NAME (Type) GENE SILVER MAKYLAND 23c NAME OF CEMETERY OR XEREMANDICY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (State) REMOVAL (Specify)
Burial Baltimore, Md. Baltimore National 10.1968 Anril 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 F. Gasch's Cons Hyattsville, Md.



							EPARTMENT				
14	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									* &
(G - 1	(KA)	CERTIFICATE OF DEATH								,	, , ,
((TAT)	1 DI	CEASED-NAME -	First	Middle	4.	/ Last		DATE OF DEATH		2b. HOUR
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	o d	3. SE		4 RACE	 -	15	DATE, OF BIRTH		6. AGE (in years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	S to	-	nale	1 ch	:4		1/4/45		last birthdoy)	MONTHS DAYS	HOURS MIN
Sign A	S S	70.5	IRTHPLACE (State or foreign	r 7b. CITIZEN OF WHA	AT COUNTRY?	٨	111/05		HNTY OF DEATH	3. [<u> </u>
2, 3	1 S. 4.	เอบเ		// // 5	A	WIDOWED T	NEVER MARRIED DIVORCED	1 1/3.	PONTROMER	. /	aa
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i e	pleose I		WAS DECEASED EVER IN U.	S ARMED FORCES?	16b. SOCIAL SECURITY NO). 17. INFO	RMANT		Address	Anne o	re alou
ifico	ine aneitaing prysicial ssit permit. Then please mation, or removol, and i	Y	s, na, or unknown) (If y	es give war or dates of service)	18-03-02	55 We	le ma	arut.	C Wilkins	,	
cert	Ther Ther		18 CAUSE OF DEATH (En	ter anly one couse per line	for (a), (b), and (c),)	U		7			MATE INTERVAL DISET AND DEATH
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the part of the pa	at o		Conditions, if any, which	nove)	A CONSEQUENCE OF						
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ng F	2 0 0	-	289.2	-							
low re inding	io the	ATIO	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERI	FORMED	20a. AUTOPSY?		206. IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
The 1 atter	of Health prior to	CERTIFICATION					YES 🔀 I	NO 🗀	CAUSES OF DEATH?		
z a a	eolt /		21o. ACCIDENT WAS UND			21c HOW	INJURY OCCURRED	(Enter noture	of injury in Port 1 or Part	2, Item 18.)	
YSICIAN: Ospital or	12 T	MEDICAL	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	Manth Doy Year						
ING PHYSICIAN: The law requires the by the haspital or attending physician.		WE.	21d INIURY OCCURRED	21e. PLACE OF INJURY		ORY.) 21f LOCA	TION Street or R.F	.D No	City or Tawn	County	Stote
he H	De De		While Not while of work			1					
ATTENDING strained by the country.	Alter Inis te I be detoche E State Dept		22a. I certify that (I) (this haspital) atter	nded the deceased	fram		19.58.	ta 4-3-, death accurred on the	19 <u>68</u> , that	(I) (we) fa
Q P			saw the deceas	sed alive an 🥰 abave, (1) (we) (did) (d	- Z 19	<u> </u>	hat in (my) (ou	r) opinian (death accurred on the	date and hour	ond from th
Tie S	shauld with the		22b SiGNATURE	bave, (i) (we) (ula) (c	ald hor) view the b	ady after dec	1111.			2c. DATE SIGNED	
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10S	director, should lie	23a	BURIAL, CREMATION,	23b DATE	23c NAME OF C	EMETERY OR CR	EMATORY	23d	LOCAT ON (City or Town)	(County)	(Stote)
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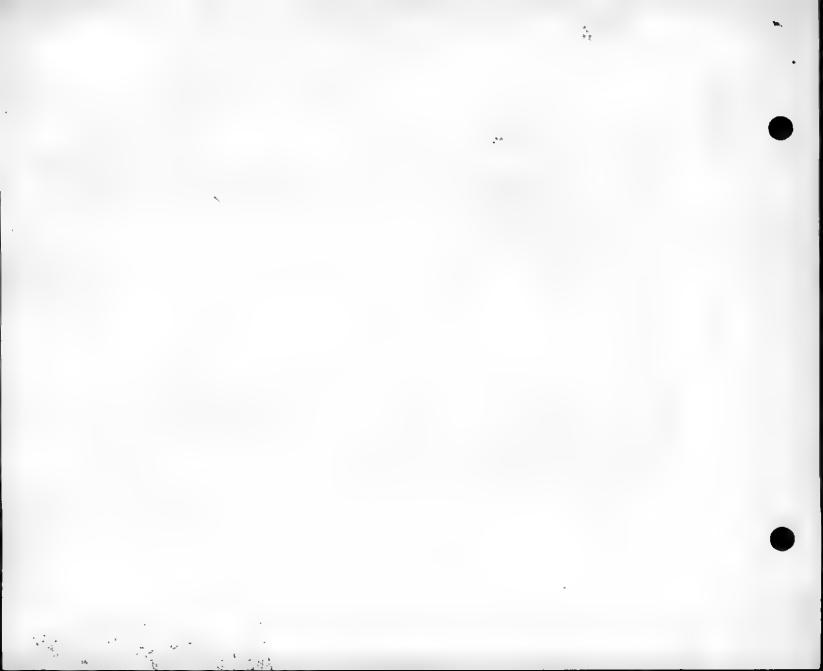
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haurs in by srs. Po	BIRTHPLACE (State at fareign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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squires that the death certifics physician. signed by the attending physibutial-tronsit permit. Then plantial, crematian, or removal,	IB. CAUSE OF DEATH (Enter only one cause per line (or to) (b), and (c))
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OR ATTENDING PHYSICIAN: The law rebe retained by the haspital ar attending DIRECTOR: After this certificate has been age 3 should be detached for use as the led with the State Dept of Health prior to be	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO (CAUSES OF DEATH?)
AN: al ar ficate far u Heal	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18)
DING PHYSICIA by the haspital After this certifica be detached for State Dept of H	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street at R.F.D. No. City or Town County State
he h he h this detac	While Nat while of work of work
by t by t ffer ffer be c State	220 certify that (1) (this hospital) attended the deceased from 2-1, 1960, to 4-29, 1960, that (1) (we) lost
A ATTENDING retained by it ECTOR: After it a should be diwith the State	sow the deceosed of ve on
OR AI be reto DIRECTO	226 SIGNATURE ATTENDING MED STAFF PHYS. 22c DATE SIGNED 4-28-66
PITAL (may b may b	22d. PHYS CLAN'S NAME (Type) W 2 Fleet LUCKETT 22e ADDRESS DOU PLANO PL NW.
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	BURIAL CENTION (Cary or Town) (County) (Stote) REMOVAL (Speedy) (Aug. 4, 1968 Cave Hill Cemetery Louisville, Kentucky
VR A15 (4)	JUNESA DIRECTOR AND SONS. Inc. ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
30M REV 1/68	5130 Wisc. Ave. N.W., Wash., D.C., 20016 DATE MAY 6 1968 Charles Judy



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 110001 CERTIFICATE OF DEATH Middle 2b. HOUR-. DECEASED-NAME First Lost 20. DATE OF GEATH deoth. (Type or print) MARV ELTZA WITTLIAMS 3. SEX 4. RACE IF LINDER 1 YEAR S. DATE OF BIRTH b. AGE (In veors lost birthday) DAYS HOURS 6/8/80 Female Negro 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [Louisa, Va. Montgomery USA hin 72 WIDOWED IX DIVORCED [] law requires that the death certificate be executed within 24 signed by the ottending physicion and completely filled, burial-tronsit permit. Then please remove carbon pope 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working file, even if retired.) Cross Hosp Silver Spring 30 USJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Montay. admission) STATE YES 🔽 16 Univ. Blvd. E. Sil.Spr. and in ony 14 FATHER'S NAME Middle 1S. MOTHER S MAIDEN NAME First Lost Baker Eliza McGee Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT son, Address Yes, no, or unknown 16 Univ. Blvd. E.S.S. Dixon removal, Andrew APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the Et LL LL V 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO F 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 230. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town County Stote While Not while of work 22a. 1 certify that (I) (this haspital) attended the deceased from 1966, 1966, ta 2007. 1966, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 IIGNATURE ATTENDING PHYS. DIRECTOR PHYS. PHYSICIAN'S NAME (Type). director, Shoul 23b. DATE 23c NAME OF CEMETERY OR CREMATOR) LOCATION (City or Town) BUR, AL. CREMATION. (Stofe), REMOVAL (Spelify) **FUNERAL DIRECTOR** / VR)A15 (4) Y30M REV. T/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years requires that the deoth certificate be executed within 24 hours after IF LINGER 1 YEAR IF UNIOER 24 HRS. last buthday) 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [7] DIVORCED [10 CITY OR TOWN OF PEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 25 KIND OF BUSINESS OR signed by the attending physicion and completely burial-fronsit permit. Then please remave carban 130. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 16a. WAS DECEASED EVER IN u.S. ARMED FORCES? 16b SOCIAL SECURITY NO. († yes give wor or dates of service) Yes, no or unknown? APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 9a DATE OF OPERATION 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d N.JRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town Stote County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 19/22, to uprit 1968, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased glive on... couses stated obave, (1) (we) (end) (did not) view the body after death. Silv ER Recognization to the 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR director, poge should be filled DEGREE 22d PHYSIC AN S 22e ADDRESS NAME (Type) Wm. Henry Killay 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23d 10CATION (City or Town) (County) Burial (Specify) Parklawn Rockville Maryland funeral DIRECTOR son Theeler Home-133 Rockville VR A15 (4) 4 30M REV 1/68 funeral Rockville. Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	WUU	34			CERTIFICA	ATE OF DEA	TH				. C . W
	ECEASED NAME	First	1	Middle		Lost	20	DATE OF DEATH Month	Day	Year	2b. HOUR
_		Willie	2m	Carl		slagle		April	13,	1968	43501
3. SE	X		4. RACE			DATE-OF BIRTH		6. AGE (In last birth		UNDER I YEAR	HOURS MIN
L	Male		Whi	te		July 1,	19/2	3		MAIS DAIS	2131
	BIRTHPLACE (Sto ngry)	ite or fareign 2	b. Citizen of Wha	T COUNTRY?		NEVER MARRIED	9 COU	INTY OF DEATH			
F	PANSUL	vania	Ameri	ica	WIDOWED [DIVORCED	1	Pontgon	reru		M
10. 0	ITY OR TOWN (OF DEATH	11 NA8	ME OF HOSPITAL OR IN	STITUTION (If no	in hospitol 120	USUAL OCCU	JPATION (KWd of w	ork done	12b KIND OF I	BUSINESS OR
7	akama	Park	, lila:	eet address) Shington	Sanitar	ium & Hose	ing most of v	varking ife, ever it	lice	Walker	Read H
13o	USUAL RESIDEN	CE (Where deceoses	lived, if institution	n: Residence befare	13c, CITY OR	OWN 13d. 18510	E CITY LIMITS?	13e. STREET AND N	UMBER		
come	rion) STATE	ind	13b COUNTY	MERY	Kensin	aton YES	NO 🗆	3925 K	incaia	Terr	ace
4.	FATHER'S NAME	First	Middle	tzo	15.	MOTHER'S MAIDEN N	AME First		Middle		Last
	4/1/11	AM Le	1. W	oles lagi	e.	Anna			05+	rohm	ever
160.	WAS DECEASED	EVER IN U.S. ARME	D FORCES?	66 SQUAL SECURITY	NO. 17 IN	FORMANT			Address	e _b	7 4
ľ	es, no ar unkno	194	or dates of service)	Cinkney	ún F	ospital E	ecord	7600 C	arroll 1	fue To	KORRITA
		, ,		for (o), (b), and (c)		10	,	0.4		APPROXIA BETWEEN DI	IATE INTERVAL ISET AND DEATH
	PART I. I	EATH WAS CAUSED	BY: E CAUSE (o)	loute !	anol	rat flu	lmon	arus Ede	ma	13 WH	cko
	1 7.5	to C	c 4.655 (0)	A CONSEQUENCE OF							
	Canditions, if	ony, which gave)	16) V	Renal	لندل	lure				4 W	erke
		diote couse (a).(nderlying cause(DUE TO, OR AS	A CONSEQUENCE OF		-					
Н	lost.	ligerilying conse	(c)		6						
	PART 2. OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
~	A 40 %	Printe	no D (Zurand	Circan	Lappeno	lecan	absc	820		
CERTIFICATION	190. DATE OF O	PERATION 195 CO	ONDITION FOR WHIC	H OPERATION WAS PE		20g AUTOPSY?		20b. IF YES, WERE	FINDINGS CONS	IDERED IN CE	RTIFYING
읦	March	9.1962				YES	мо 🔲 ом	CAUSES OF DEATH?			
	21a. ACCIDENT	T WAS JNDERLYING				W INJURY OCCURRED	(Enter nature	e of injury in Port 1	or Port 2, Item	n 18.)	•
MEDICAL		ING CAUSE OF DEATH fy medical examine		Month Day Year							
MEI	21d. 1NJURY C	CCJRRED 21e. P				ATION Street or R F	D. No.	City or Town		Caunty	Stote
	While No	t while	(1	THUE BUILDING, ETC.	1		,				
	22a. I certify that (I) (this hospital) attended the deceased from Viscon, 1957, to Angeles, 1967, that (I) (we) to										
	saw the deceased alive on										
			(I]_(we) (<u>did</u>) (c	lid nat) view the	body after d	eath.					
	22b. SIGNATUR	E	Jet of	// +	,	ATTENDING	MED.	STAFF	_	E SIGNED	ion
	DD 4 DUVELEU	1 6 4	-01/14	20 M. Physical Co. 100 (1997)	DEGRE	11115.	DIRECTO				. 1968
	22d. PHYSICIA NAME (Ty		a Der L	KINH	1444	22e ADDRESS	77		20 A:		w
230	BURIAL, CREMA	ATION. 236 DA	Tr.	- 122, NAME OF	CEMETERY OR (DEMATORY	234	LOCATION (City or 1		(County)	(Stote)
1230.	REMOVAL (Spe		PRIL 196.	8 GRANDI		EM-		RONE, F	ENN		(31018)
24	FLINERAL DIREC		111111111111111111111111111111111111111	ADDRESS		25a R	FC'D BY REGIS	STRAR 2Sh R	EGISTRAR'S SIG		11/0

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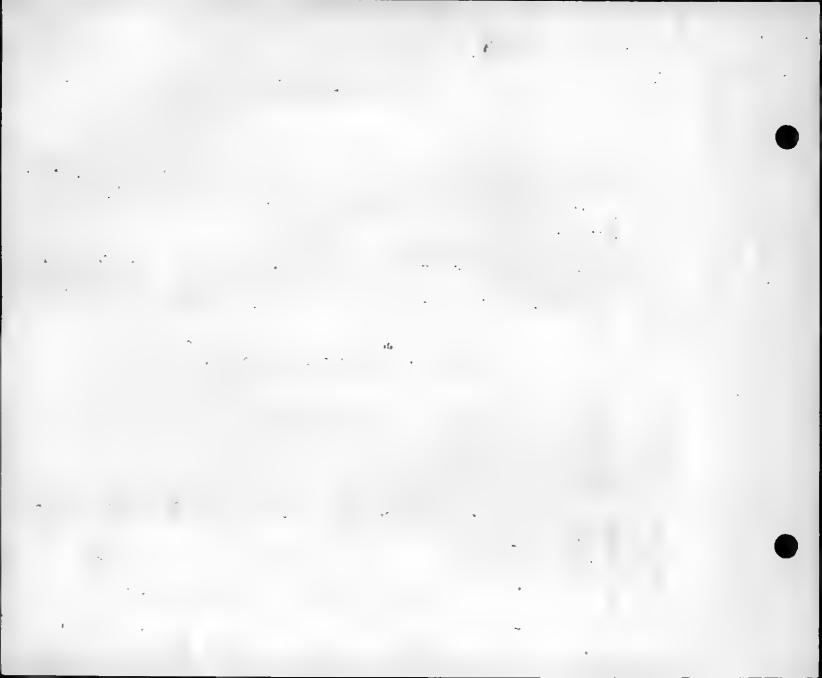
W. W. Chambers Co. For 1400 Chapin

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician and completely filled in by Adrector, page 3 should be detached for use os the buriol-transit permit. Then please remove carbon papers: Page should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 may be retained by the haspital or attending physician.

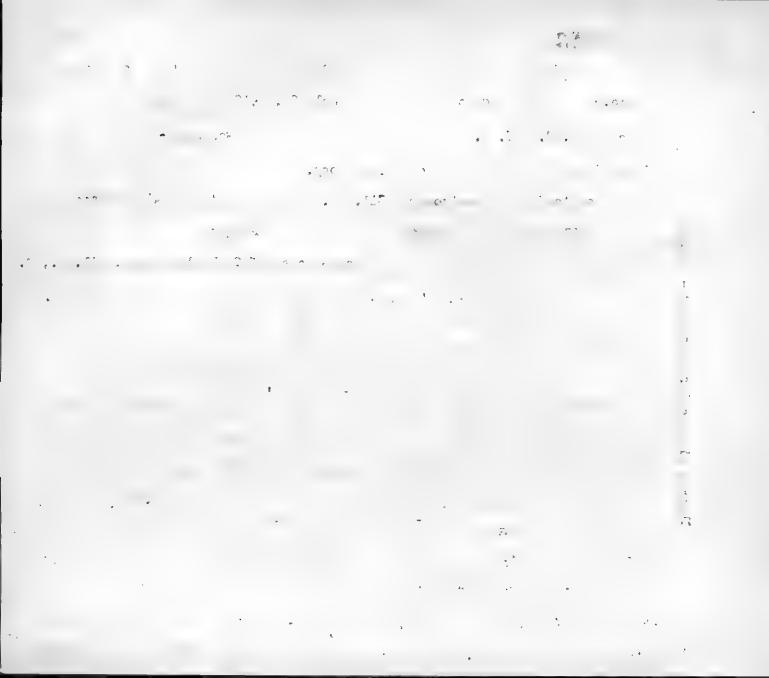




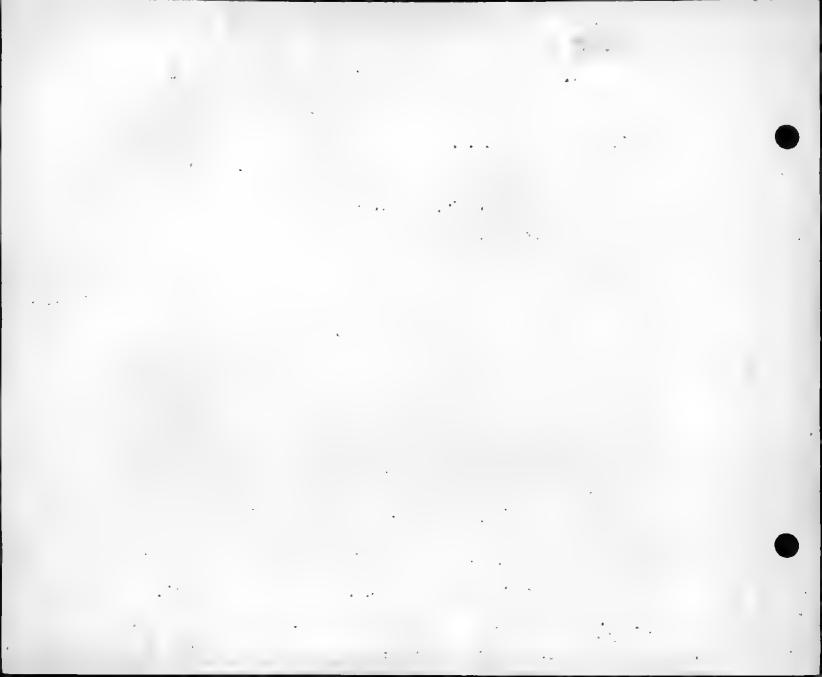
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME 20 DATE OF DEATH First Lost. 2b. HOUR . The law requires that the death certificate be executed within 24 haurs after death Edna Wood Boger (Type or print) OU SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years *(E UNDER 1 YEAR* IF UNDER 24 HRS last bythday) DAYS HOURS Temale Canco Oct. 12, 1884 YRS 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers hin 72 h country signed by the ottending physician and campletely filled in burial-transit permit. Then please remove carban papers, Montgomery WIDOWED TO DIVORCED [within / IO. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) 2900 Narris Avenue during most of working life, eyen if retired) INDUSTRY Home dousevite heaton ony event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13a INSIDE CITY LIMITS? i3e. STREET AND NUMBER (admission) STATE Maryland 13b COUNTY ontaomery YES 3 2900 Harris Avenue Wheaton 14. FATHER'S NAME Middle 1S. MOTHER S MAIDEN NAME First Middle Lost Lost Catherine Duncan Grederick Boger puo 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 13013 StAddresharles Pl. 17 INFORMANT Yes, gg, ar unknown) I (If yes give war or dates at service) or removol, Rockville, Maryland 219-54-9821 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH tronsit permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave } rise to immediate cause (p). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause burnol, c PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) as the 2 O FUNERAL DIRECTOR: After this certificate has been priort 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20o. AUTOPSY 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 15e YES 🖂 Health by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) j OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 5 (If either, natify medical examiner) P.M. detached State Dept. (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING ETC. While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from from 1964, to 1864, the last sand mor in (my) (aur) opinion death acquired an the date and hour and fram the þe plnods be retained 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF PHYS. , poge be filed PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS director, should b 23g. BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) REMOVAL (Specify) Kock Creek Cemetery Washington. arte 8434 ADGRESSITA Ave ZSo. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 6 1968 Pumphrey. Inc. Silver Spring. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 2a. DATE OF DEATH 2b. HOUR 1. DECEASED NAME requires that the deoth certificate be executed within 24 pours after death (Type or pant) VIOLA WOOD 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (IF LINDER 24 HRS lost 15 HOURS Female Negro July 26, 1912 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Rockville, Md. U. S. Montgomery WIDOWED X DIVORCED | signed by the attending physicion and completely filled buriel-transit permit. Then please remilive carbon page 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USBAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Holy during most of warking life, even if retired.) INDUSTRY Silver Spring Cross Hesp. 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 136. INSIDE CITY LIMITS? admission) STATE Maryland 13b COUNTY Montgomery YES X NO T 15521 Baileys Lane Sil. Sp. 14 FATHER'S NAME Last 15. MOTHER 5 MAIDEN NAME First Middle Middle William Smith Maggie WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) James Baker 15521 Baileys Lane, Sil.Sp., Md. 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) PART I. DEATH WAS CAUSED BY 4 mondry timbolus IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the hospital or ottending physician stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE OR CONDITION GIVEN IN PART 1(a) -al Cinomas director, page 3 snown up warming. TO FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🖂 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work causes stated abave, (1) (wellfalid) (did nat) view the bady after death 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF PHYS. MED DIRECTOR DEGREE PHYS 22d. PHYSICIÁN'S 22e, ADDRESS Silver SpringMd G.Lennard Gold, M.D. NAME (Type) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BURIAL, CREMAT ON (County) PMOVAL (Specify) Cem, 24. FUNERAL DIRECTOR 30M REV. 1/68



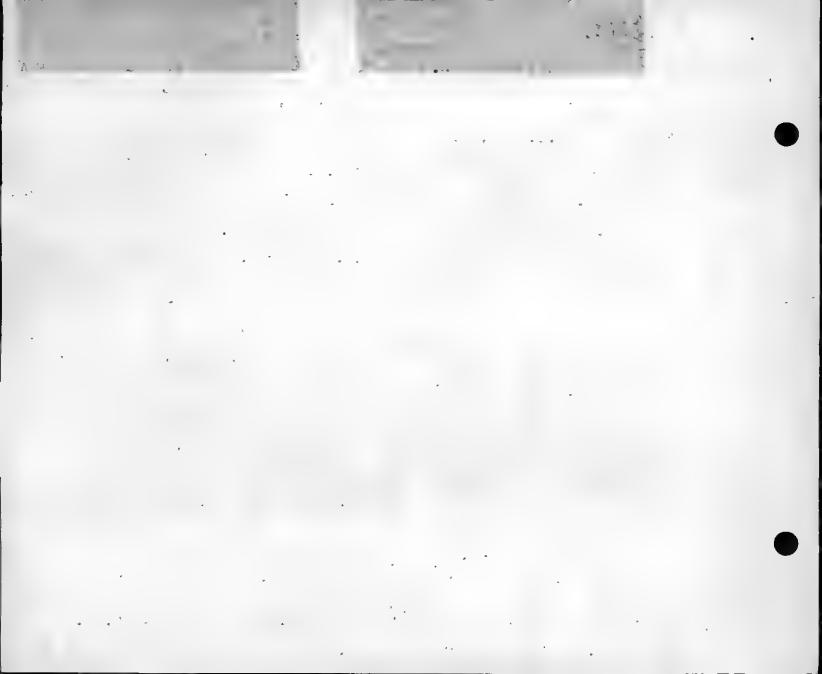
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 61334 CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH 2b. HOUR DECEASED NAME First death law requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral en please remave carban papers. Pages 1 and (Type or print) **FLORENCE** WOODSON NSEX. 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNGER 24 HRS. lost birthdoy) MONTHS HOURS FEMALE **NEGRO 27-23-1878** 90 papers. Pag hin 72 haurs 9. COUNTY OF DEATH 7c. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED VIRGINIA WIDOWED X DIVORCED [MONTGOMERY within 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired)
HOUSEWIFE INDUSTRY give street address) DICKERSON NONE event, 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? odmissian) STATE 13b. COUNTY DICKERSON and in any IS. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME First Middle Last Last ANNA Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) (II yes give wat or dates of service) signed by the attending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATI Bitatoral PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Bronchial nehmon burial-transit perr burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony," which gove) a/ni rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🖂 YES 🖂 shauld be detached far use Page 4 may be retained by the haspital or 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED Stote 21e. PLACE OF INJURY City or Town County While Not while at work ot wark O HOSPITAL OR ATTENDING 22a. I certify that (I) (this hespital) attended the deceased fram. 18 Dec., 19 67, ta 12 saw the deceased alive an 12 Apx 1968, and that causes stated abave, (1) (we) (did) (did not) view the body after death. ___1968_, and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) MURBOCK SMITH RARNESVILLE GORDON 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stota) 23a. BJRIAL CREMATION. 4-16-68 CHANTILLY BAPT. CEM CHANTILLY 250. REC'D BY REGISTRAR DATE APR 18 -ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) SNOWDEN ROCKVILLE, MD 30M REV. 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle 2b HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) WRATHALL MABEL 3. SEX 4. RACE S DATE OF BIRTH IE UNDER 1 YEAR last birthdoy) MONTHS CAYS HOURS FEMALE WHITE 7o. BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) MUNTGOMERY AMERICA WIDOWED T DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of work ng life, even if retired) UNDUSTRY THKOHA 130. USJAL RESIDENCE (Where deceased lived, if institution: Residence before 130 STREET AND NUMBER 138 INSIDE CITY LIMITS? YES X THROMA PARK 14. FATHER'S NAME BATH MAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. ACTHY EVANS 5229 CUESTAD Addressay FT SYMMERS HILLS, MO 578-05-4519-0 UNKNOWN Yes, 99, ar unknown) APPROX MATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1. PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave) buriof-tronsit rise ta immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause O FUMERAL DIRECTOR: After this certificate has been the Health prior 19g, DATE OF OPERATION 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFICING CAUSES OF DEATH? YES 🖂 USe 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from the 19 (my) (our) apinian death occurred an the date and hour and fram the causes stated abave, (1) we (did) (did nat) view the bady after death. 225. SIGNATUR 22c DATE SIGNED ATTENDING director, page 3 should be filed v 22d. PHYSICIAN'S NAME (Type) 220 ADDRESS BURIAL, CREMATION REMOVAL (Specify) 24. FUNERAL DIRECTOR CORR VR A15 (4) -Pumphrey, 30M REV. 1/68



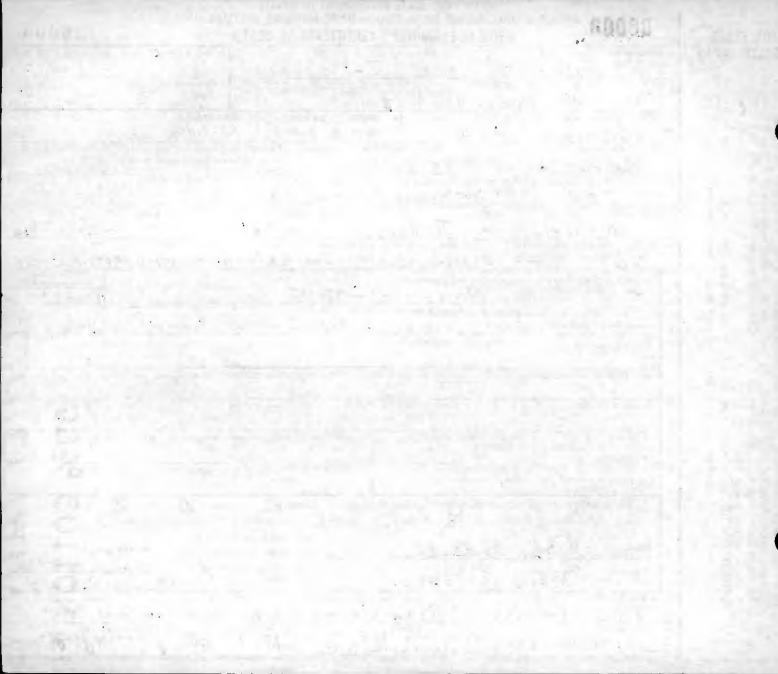
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Stoward in CERTIFICATE OF DEATH DECEASED-NAME Middle 20 DATE OF DEATH 2b. HOUR (Type or print) Besse IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years last birthdoy) HOURS Female 11, 1880 Mar. or remayal, and in any event, within 72 hours 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 24 hou 8. MARRIED NEVER MARRIED papers Washington, D.C. ≘ U.S. DIVORCED WIDOWED 53 the attending physician and campletely filled sit permit. Then please remave carban paper 12a. USUAL OCCUPATION Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired)
Housewife give street oddress) Potomác Valley N.H. 130 STREET AND NUMBER 9517 Old Georgetown Rd. 13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c CITY OR TOWN 3d INSIDE CITY LIMITS? odmission) STATE Mont gomery YES Bethesda 14. FATHER'S NAME Middle Middle Lost IS MOTHER'S MAIDEN NAME First W. Franklin Renshaw Elizabeth H. Fletcher Addressame as Itme 13 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) Mrs. Marion W. Pollock Yes, go, or unknown) 215-34-3125A APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if ony, which gove) burial-transit rise to immediate couse (a), (DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20 O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) Ē OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify med col exominer) PM. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 220. I certify that (I) (this hospital) attended the deceased from 1 241, 1968 ta 1968, and that in (my) (our) apinion death occurred on the date and hour and from the sow the deceased alive on 111 causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING M.D. DEGREE directar, page 3 shauld be filed v PHYS DIRECTOR 22_B. ADDRESS 22d. PHYSICIAN'S NAME (Type) 7225 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b. DATE 23o. BUR-AL, CREMATION (County) Rock Creek Cemetery 4-10-68 Washington. 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 PUMPHREY, Bethesda, Maryland DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96602 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours ofter deoth. (Type or print) DATE OF BIRTH 3. SEX AGE (In years IF UNDER 1 YEAR last birthday) within 72 hours physician and completely filled in by en please remove corbon papers. P 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED KNEVER MARRIED DIVORCED [WIDOWED [10 CITY OR TOWN OF DEATH during most at working life even it retired ! MOUSTRY RESIDENCE (Where deceased/lived, if institution, Residence before 13c. CITY OR 13e STREET AND NUMBER admission) STATE and in any 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Last 17. INFORMANT CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Conditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1661 this certificate has been os the Health prior to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 😾 YES [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 5 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for the Dept. of H (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No 21d INJURY OCCURRED City or Town Caunty State While Nat while at wark O FUNERAL DIRECTOR: After causes stated above, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE 22c DATE SIGNED DEGREE 22d. PHYSICIAN'S 4977 Battery Láne NAME (Type) T. JOYCE Lethesda, Maryland 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION (County) Rock Greek Gemetery Washington. VR A15 (4) PUMPHREY, Bethesda, Maryland 30M REV. 1768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPTO First. 1. DECEASED-NAME Middle 2a. DATE KNOWNER Month (Type or Print) ESTI-Kather Poge WMT DEATH MATED partment IF UNDER 24 HRS. 3. SEX 4. RACE DATE PRONOLINGED DEAD P.M.3. last birthday) We Year AR. 24. 1900 G YRS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Office olong with form WIDOWED X DIVORCED 100 Item 18. Give Poges land 2 with the State hours ofter deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (Kind of work done give street address) during mast of working life, even if retired.) HOUSEWIFE 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Montgomery admission) STATE YES X ofter 14. FATHER'S NAME Middle nele Ksz Examiner's poges hours pencil 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS within (Yes, ng. of unknown) (If was give war at dates of service) MRS. JADVYGA TAMMS-SISTER-GARDENA, CAL Fie . within certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND DEATH forwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: ocarchial Interction. pending" rcent IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit oronary Arterioscierosis Severe years Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause c PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) 0 50 removal nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. be 4 should be 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING **EXAMINER:** cremation, PM CAUSE OF DEATH 21 d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) DIRECTOR: Poge NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy 15, X Inquiry X Inspection and in my opinian death resulted fram: Natural causes Accident Suicide (Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL moy be re FUNERAL I 22b. DATE SIGNED funerol ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY 5 moy to FUNER **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar county) MOWIG. the 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Rock 68 PREEK 9 EM URIAL NIGTON 24. FUNERAL DIRECTOR S130 WIS, AU WASHINGTON VR A15ME (5) 10M REV, 1/68



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06809 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth Day 2b. HOUR (Type or Print) OF ESTI Tina Coccozella Zarrelli 4 - 1968 DEATH MATED 3. SEX 4. RACE 6. AGE (in years IF UNDER 24 HRS S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d HOUR 38 ve White 1-4-1930 Fe 19 68 6 PM 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED SEVER MARRIED 9. COUNTY OF DEATH Montgomery Italy USA DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gwHolveCross Hospital during ment of working life, even if retired.) INDUSTRY Silver Spring 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 43d, INSIDE CITY LIMITS? 13b. COUNTY Monte admission) STATE Hatcher Place Md. Wheaton YES T 14. FATHER'S NAME Middle Last. IS MOTHER'S MAIDEN NAME Filomena Andrea Coccozzella Groppoli 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, no. or unknown) (1) yes give war or dates of service) Filippo Zarelli 13 a, b, c, e unknown no above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave m etiology unknown rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. MEDICAL PRIMARY TOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy X Inspection X Inquiry N and in my opinian death resulted from: Natural causes Accident [Suicide Hamicide Undetermined manner | x ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Belden R. Reap, 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23/68 Gate of Heaven Cemetery Silver Spring, ADDRESS & 20012 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 7400 Ga. Avent, Rinaldi Funeral Home, Inc.

18.22a film 401MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME (5) TOM REV. 1

